



Daniel Cisternas

**Novedades
DDW 2025**
Neurogastro I

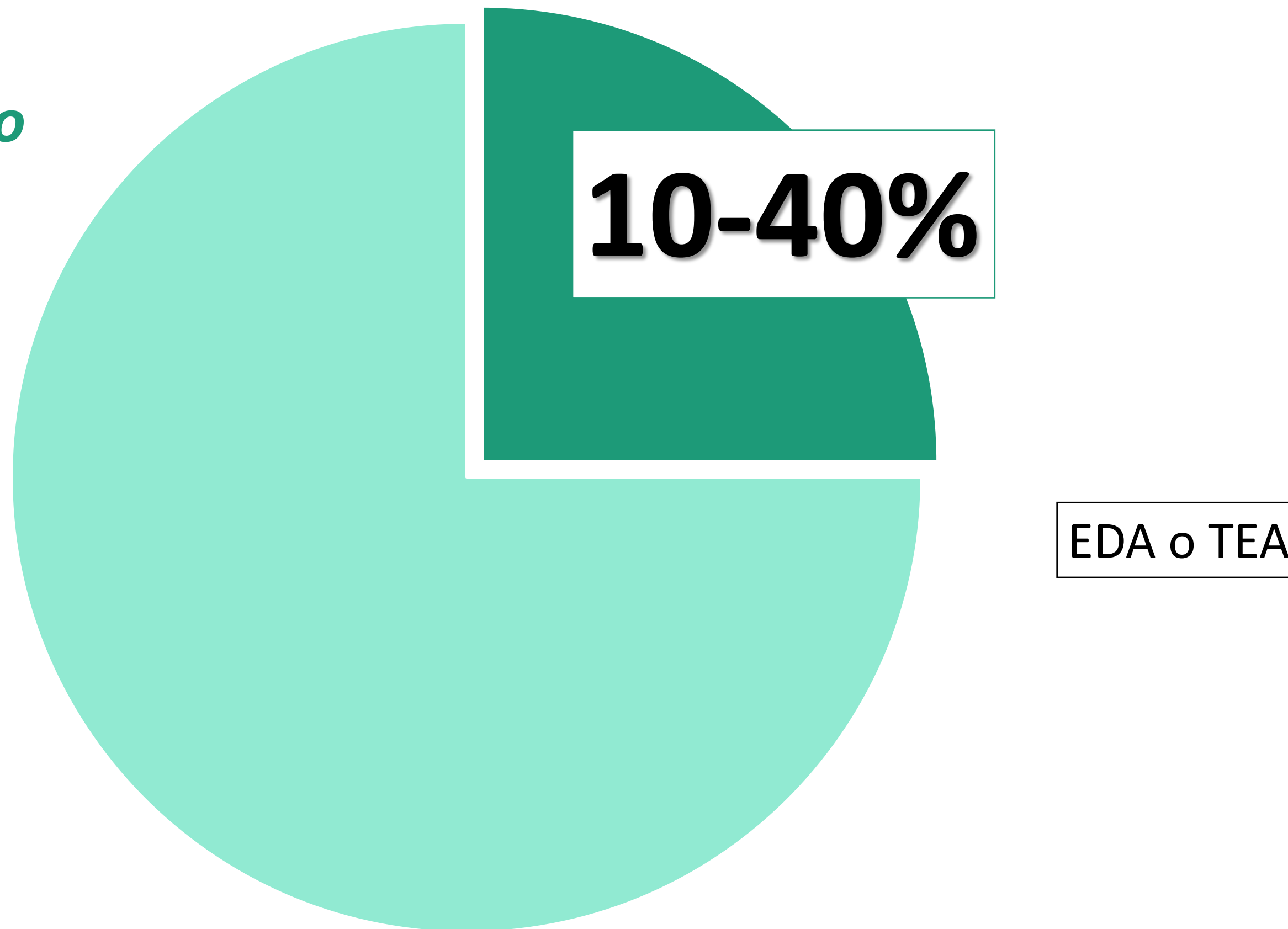
The San Diego Consensus for Laryngopharyngeal Symptoms & Laryngopharyngeal Reflux Disease



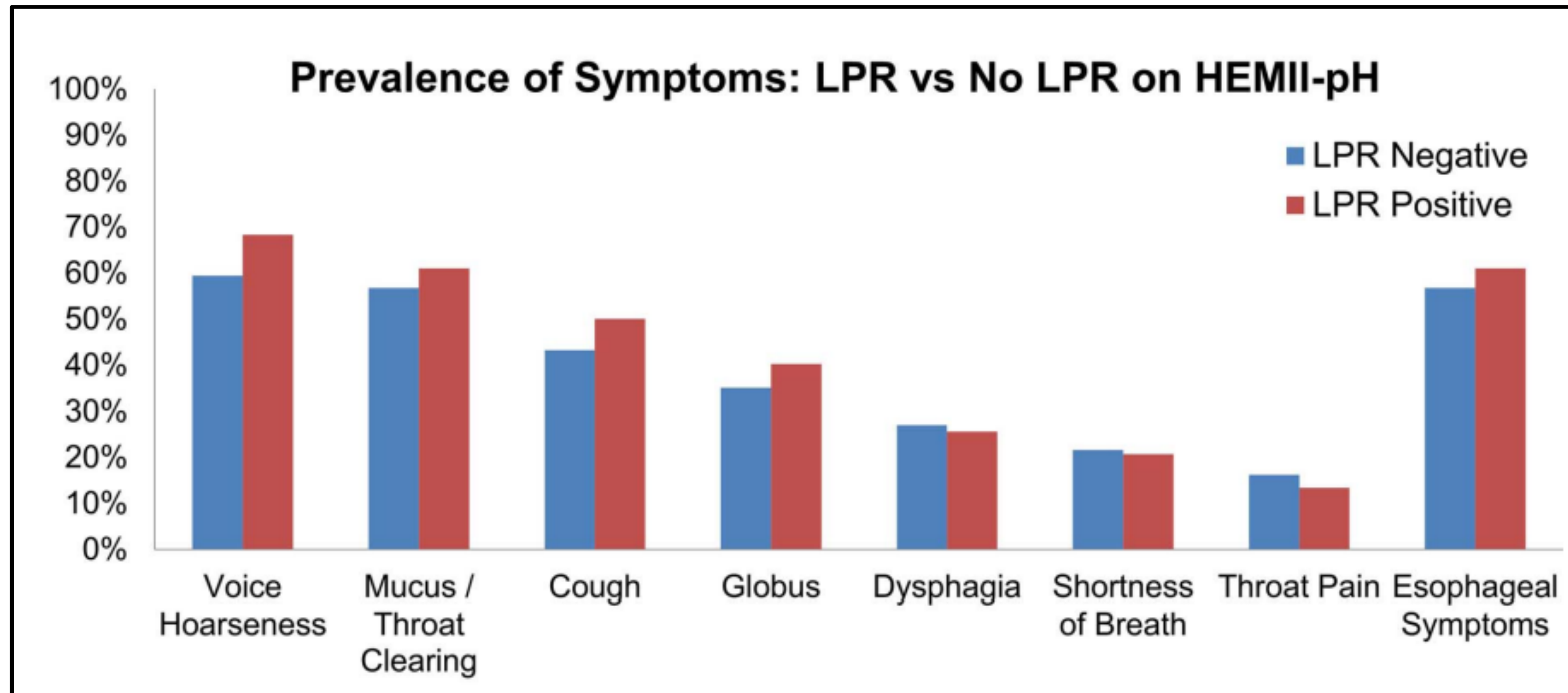
- TOS
- DOLOR/IRRITACION GARGANTA
- ACLARAMIENTO
- FLEMA EXCESIVA
- DISFONIA/CAMBIO TONO VOZ

80-90%

SFL
ERGE demostrado



De Bertoli et al. World Journal of Gastroenterology. 2012;18(32):4363-70
Toros S et al. Head and Neck Surgery. 2009;266(3):403-9
Oh et al. Diseases of the Esophagus. 2013;26(5):465-9





The presence of LPS does not equate to LPRD.

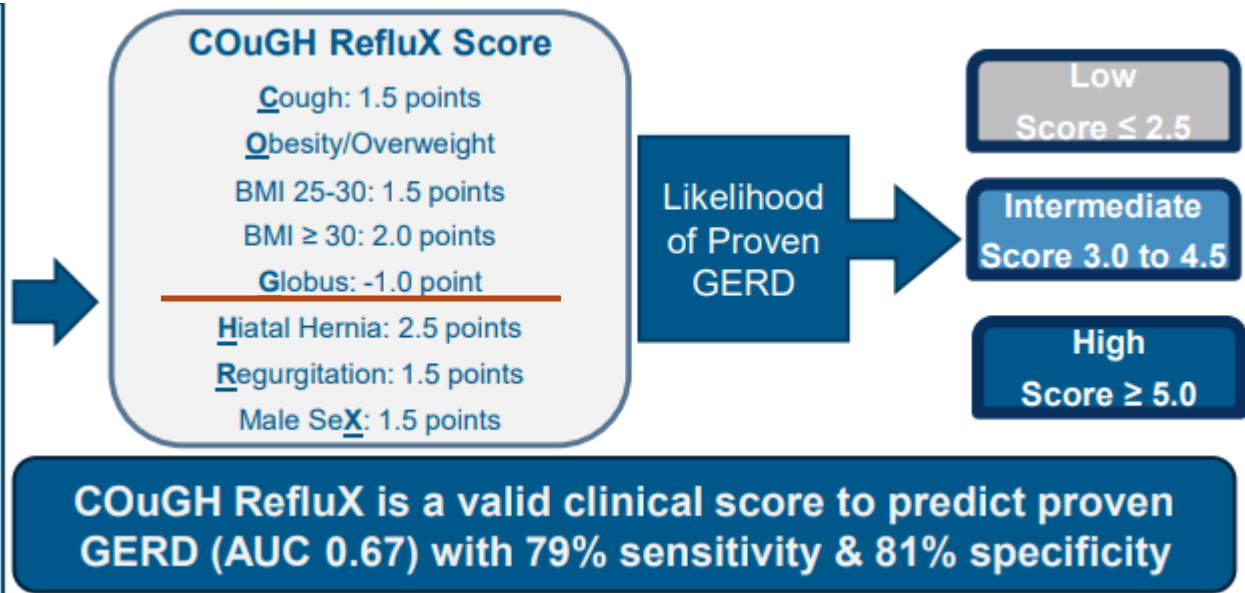
ESOPHAGUS

Validated Clinical Score to Predict Gastroesophageal Reflux
in Patients With Chronic Laryngeal Symptoms: COuGH RefluX



Table 1. Baseline Characteristics in Training Cohort: Univariate Analysis

	Overall (n = 304)	Unproven GERD (n = 141)	Proven GERD (n = 163)	P value
Laryngeal symptoms				
Throat clearing	227 (75%)	107 (76%)	120 (74%)	.69
Sore throat	81 (27%)	38 (27%)	43 (26%)	1.00
Voice hoarseness	175 (58%)	78 (55%)	97 (60%)	.49
Cough	215 (71%)	94 (67%)	121 (74%)	.17
Globus	195 (64%)	101 (72%)	94 (58%)	.01
Mucus in throat	207 (68%)	102 (72%)	105 (64%)	.18



856 adultos



92 pacientes SFL

TABLE 3.
Pearson Correlation Coefficients for RFS and Parameters of 25-Hr pH-Impedance Testing

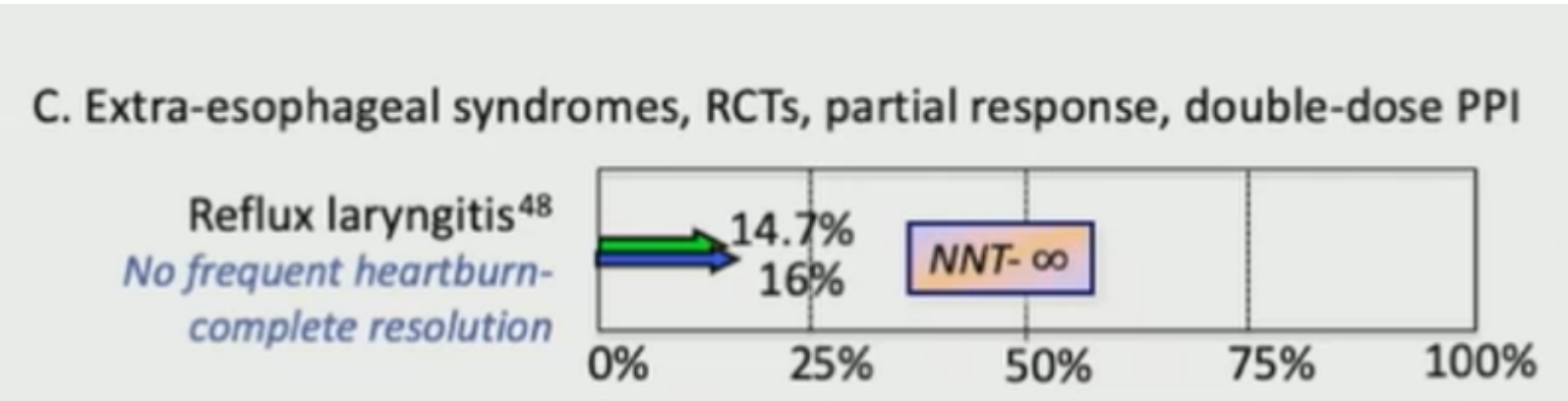
Pearson Correlations of RFS and 24-Hr pH Impedance Testing			
	r Value	R ² Value	P-value
RFS and RSI	0.071	0.005	0.5012
RFS and Total Reflux Events	−0.066	0.0044	0.532
RFS and Acidic Reflux Events	−0.042	0.0018	0.691
RFS and Weakly Acidic Reflux Events	−0.078	0.0061	0.459
RFS and Non-Acidic Events	−0.017	0.0003	0.872
RFS and Percent Time in Total Reflux	0	0	1
RFS and Longest Reflux Event	0	0	1
RFS and Upright Reflux Events	−0.081	0.0065	0.442
RFS and Percent Time in Upright Reflux	0	0	1
RFS and Longest Upright Reflux Event	0	0	1
RFS and Supine Reflux Events	0.07	0.005	0.507
RFS and Percent Time in Supine Reflux	0	0	1
RFS and Longest Supine Reflux Event	−0.103	0.0107	0.328
RFS and Post Prandial Reflux Events	0.071	0.005	0.5012
RFS and Percent Time in Post Prandial Reflux	−0.02	0.0004	0.849
RFS and Longest Post Prandial Reflux Event	0	0	1
RFS and Symptom Correlate Score	−0.014	0.0002	0.894
RFS and Total Symptoms Experienced	−0.02	0.0004	0.849



Laryngoscopy is a necessary part of evaluation of LPS to assess for other non-reflux related otolaryngologic processes including malignancy; however, LPRD cannot be diagnosed based on laryngoscopy findings alone

LPS aislados

Respuesta a IBP



Katzka et al. Clin Gastroenterol Hepatol. 2020 Apr;18(4):767-776

95 Esomeprazol 40x2 vs 50 plac

TABLE II. Resolution of Primary Symptom at Final Visit.			
Primary Symptom	Esomeprazole 40 mg Twice Daily (n = 95)	Placebo (n = 50)	P-Value*
All, n (%)	14 (14.7)	8 (16.0)	.799
Throat clearing	5/49 (10.2)	3/23 (13.0)	
Hoarse	2/18 (11.1)	1/11 (9.1)	
Cough	1/11 (9.1)	2/8 (25.0)	
Globus	2/8 (25.0)	1/5 (20.0)	
Sore throat	4/9 (44.4)	1/3 (33.3)	

*Logistic regression analysis with factors for treatment and baseline severity.

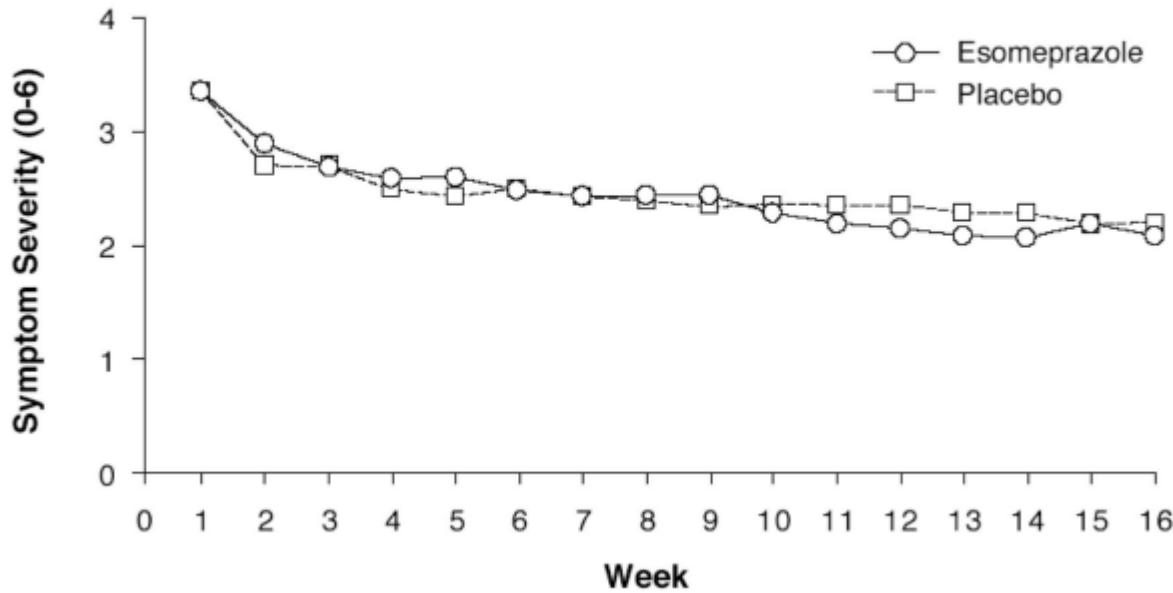


Fig. 3. Primary symptom response over time.

In patients with isolated LPS, evidence of abnormal reflux burden is required prior to escalation of anti-reflux management.

- Upfront reflux testing more cost-saving than empiric PPI strategy, especially if LPS only

The Laryngoscope
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Rhinological and Otological Society, Inc.



TRIOLOGICAL SOCIETY
CANDIDATE THESIS

Rethinking the Laryngopharyngeal Reflux Treatment Algorithm:
Evaluating an Alternate Empiric Dosing Regimen and Considering
Up-Front, pH-Impedance, and Manometry Testing to Minimize Cost
in Treating Suspect Laryngopharyngeal Reflux Disease

Thomas L. Carroll, MD ; Astrid Werner, MD; Kael Nahikian, MD; Aaron Dezube, MD;
Douglas F. Roth, MM, MA, CCC-SLP

Weighted Average of Hypothetical Costs per Patient for Empiric QD/QHS, Empiric BID, and Up-Front MII/HRM Testing.

	No.	Cost per Patient	Total Cost
QD/QHS to start			
Better on QD/QHS	48	\$1,972.16	\$94,663.68
Better on BID after failed QD/QHS	24	\$4,339.06	\$104,137.44
Treatment failures (average cost per)	25	\$5,108.29	\$127,707.25
Total subjects	97		\$326,508.37
Average cost per patient starting QD/QHS			\$3,366.00
BID to start			
Better on BID	72	\$2,998.16	\$215,867.52
Treatment failures (average cost per)	25	\$3,133.51	\$78,337.75
Total subjects	97		\$294,205.27
Average cost per patient starting BID			\$3,033.00
MII/HRM up-front results			
Test positive for nonacid reflux	51	\$1,411.06	\$71,964.06
Test positive for acid, BID success	22	\$4,076.86	\$89,690.92
Test no reflux, normal HRM	16	\$887.74	\$14,203.84
Test no reflux but dysmotility	8	\$1,020.32	\$8,162.56
Total subjects	97		\$184,021.38
Average cost per patient up-front testing			\$1,897.00

Study cohort data are used for QD/QHS and BID decision tree costs per result (Figs. 2 and 3). Study cohort data and data from prior study are used to estimate number for each branch of the MII/HRM decision tree (Fig. 4). Average cost per patient is the sum of weighted costs per result divided by 97 (total subjects).

BID = 40 mg twice daily omeprazole taken 30 minutes prior to breakfast and dinner; HRM = high-resolution esophageal manometry; MII = multichannel intraluminal impedance (with dual pH probes); QD/QHS = 40 mg omeprazole taken 30 minute before breakfast/300 mg ranitidine at bedtime.



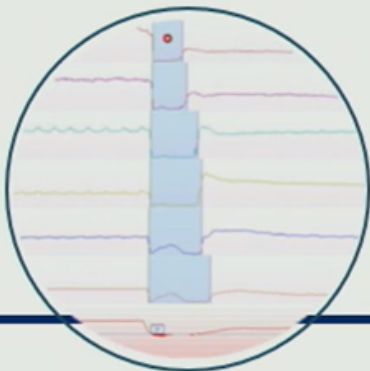
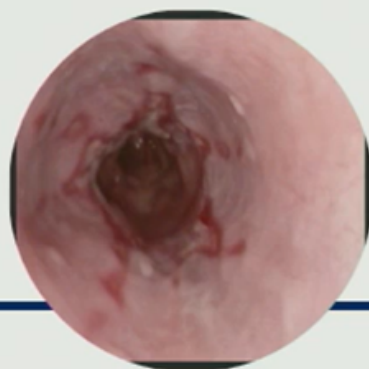
**In patients with isolated LPS, esophageal evaluation is recommended
instead of empiric medical trials**



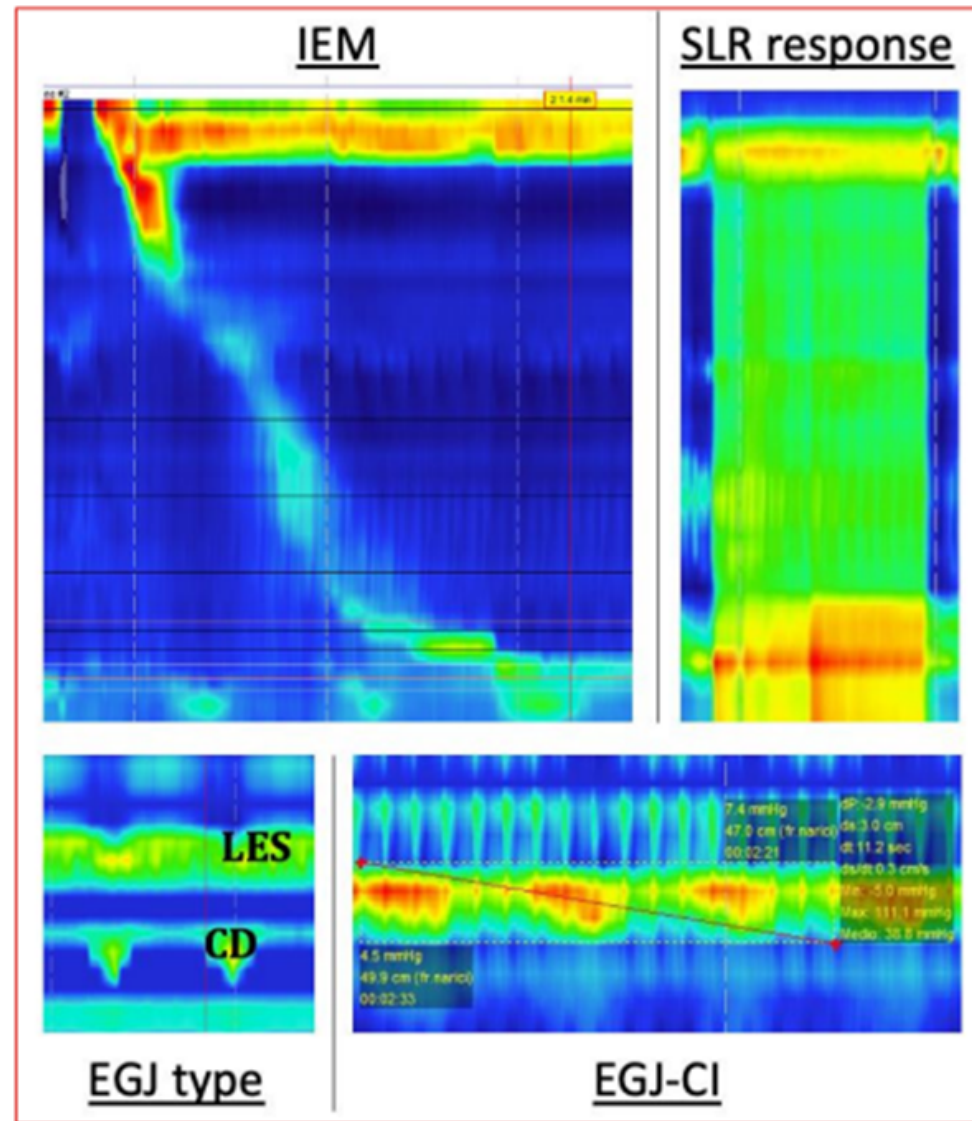
**A total AET value of <4% is consistently normal (GRADE moderate)
and >6% is consistently abnormal (GRADE high)**

Scores, Scores and More Scores!

LYON SCORE



	Esophagitis		Hiatus hernia		AET		Reflux episodes		MNBI		Reflux-symptom association	
Normal	None	0	No	0	<4.0%	0	<40	0	>2500	0	No	0
Abnormal	LA-A	2	Yes	1	4-6%	3.5	>40	2.5	1500-2499 <1500	1.5 2.0	Yes	1.5
Conclusive	LA-B	4.5	NA		>6.0%	4.5	NA		NA		NA	
Severe	LA-C LA-D	5.5 6.5	NA		>10%	5	NA		NA		NA	



Development cohort: 295 patients

Predictive model of GERD

	OR (CI 95%)	p-value
IEM	2.19 (0.92-5.18)	0.07
SLR maneuver	18.20 (9.52-34.81)	<0.0001
EGJ-CI (units=10)	0.92 (0.82-1.03)	0.17
EGJ Type		0.02
2	2.03 (1.01-4.08)	0.05
3	3.87 (1.36-11.03)	0.01

DDW 2025 – SAN DIEGO

THE LYON SCORE COMPLEMENTS THE MILAN SCORE IN PREDICTING OUTCOME FROM ESCALATION OF MEDICAL AND SURGICAL TREATMENT IN PATIENTS WITH PERSISTENT REFLUX SYMPTOMS

Siboni S¹, Sozzi M¹, Visaggi P², Rogers BD³, De Bortoli N², Hobson A⁴, Lee Y⁵, Tolone S⁶, Marabotto E⁷, Haworth J⁴, Cusmai L¹,
Campioli E¹, De Maron R¹, Pasta A⁷, Calabrese F⁷, Tee V⁵, Bernardi D¹, Riva CG¹, Coss-Adame E⁸, Patel A⁹, Savarino EV¹⁰, Asti E¹,
Gyawali CP³

ERGE-Dg

Uso combinado Milan+Lyon

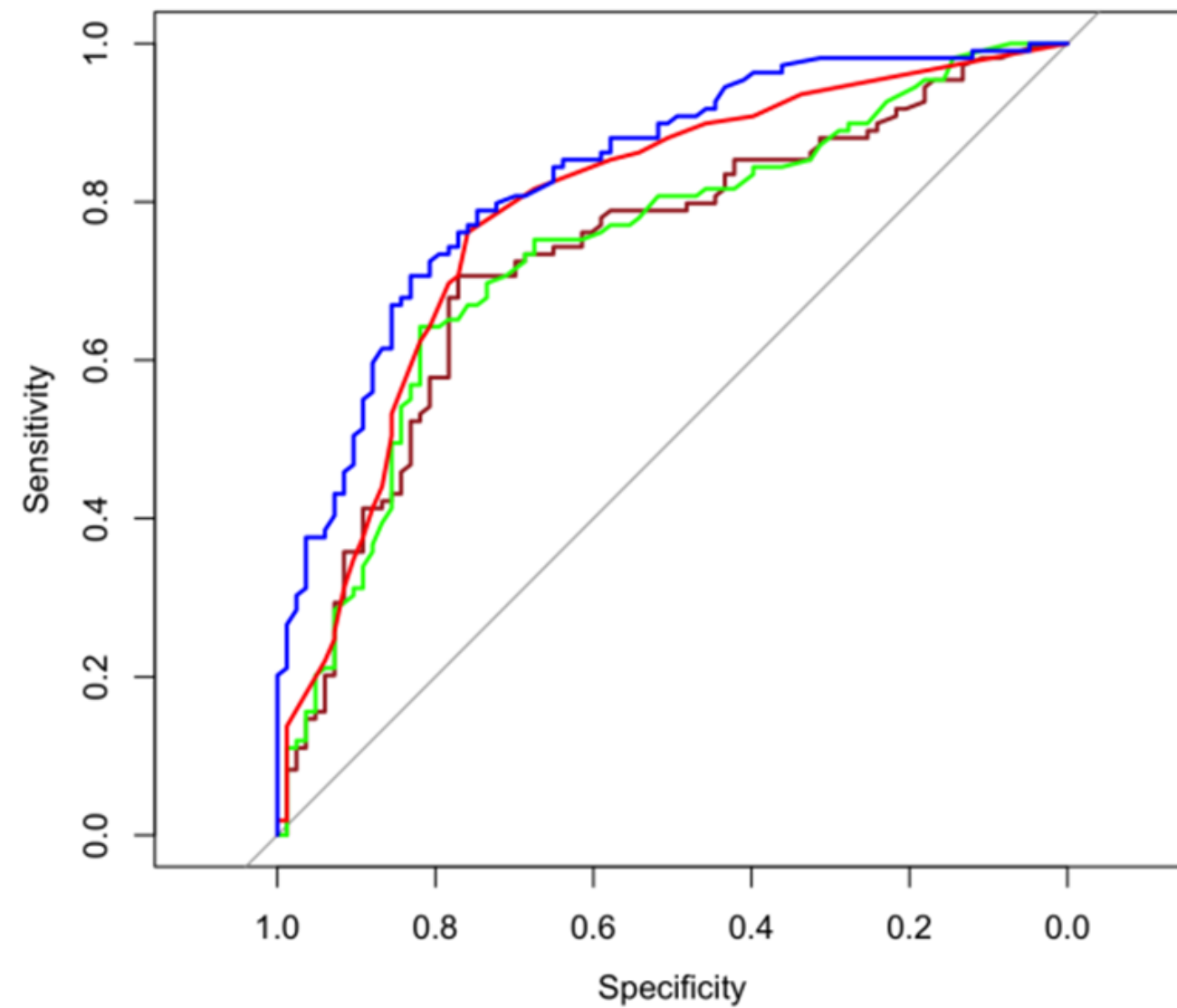
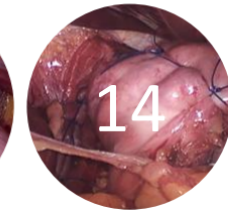
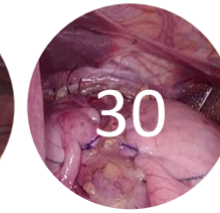
Population: 532 patients

Follow-up: 194 patients

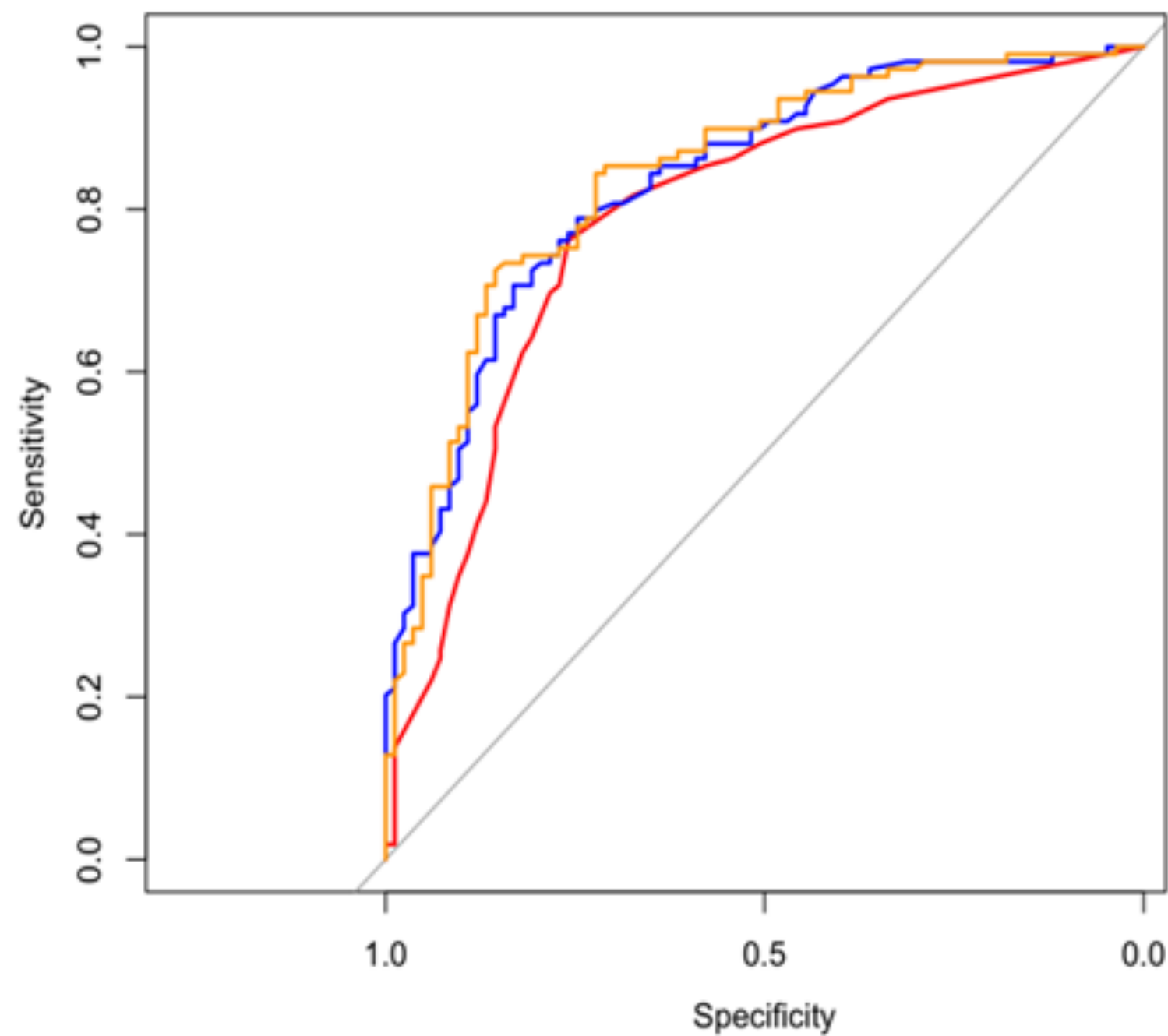
131



63



Criteria	AUC
DeMeester	0.739 (CI 95%: 0.668-0.811)
AET	0.745 (CI 95%: 0.674-0.815)
Lyon Score	0.792 (CI 95%: 0.726-0.858)
Milan Score	0.835 (CI 95%: 0.778-0.891)

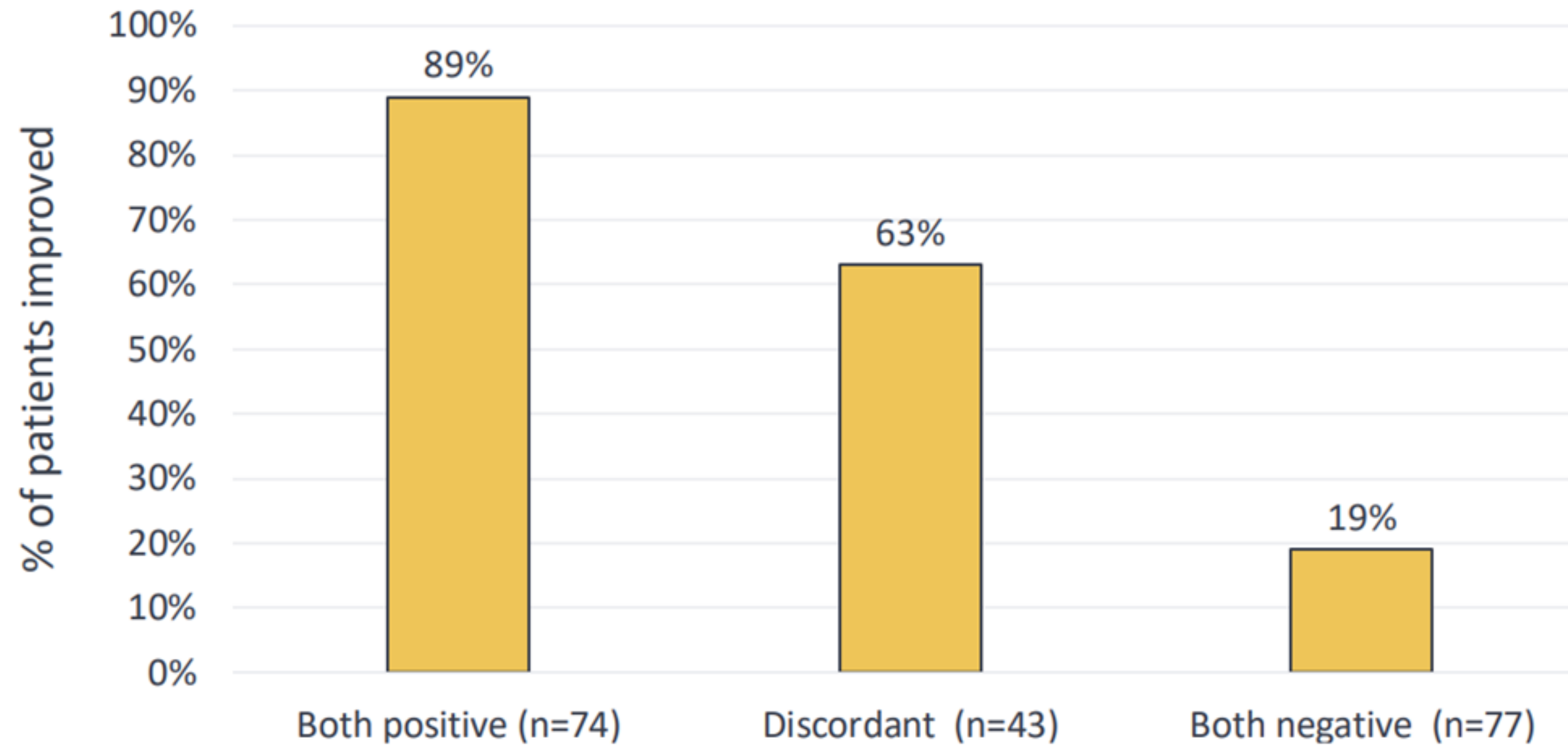


Criteria	AUC
Lyon Score	0.792
Milan Score	0.835
Lyon + Milan combined	0.843

p=0.014

ERGE-Dg

Uso combinado Milan+Lyon



A2 beta casein milk is tolerated in the majority of patients with milk-induced eosinophilic esophagitis

Alex Straumann, Andrea Kreienbühl, Annett Franke, Luc Biedermann, Alain M. Schoepfer, and **Thomas Greuter**



Eoe y leche

40%

La mas frecuente

?

*Componente
especifico*

Beta
caseina

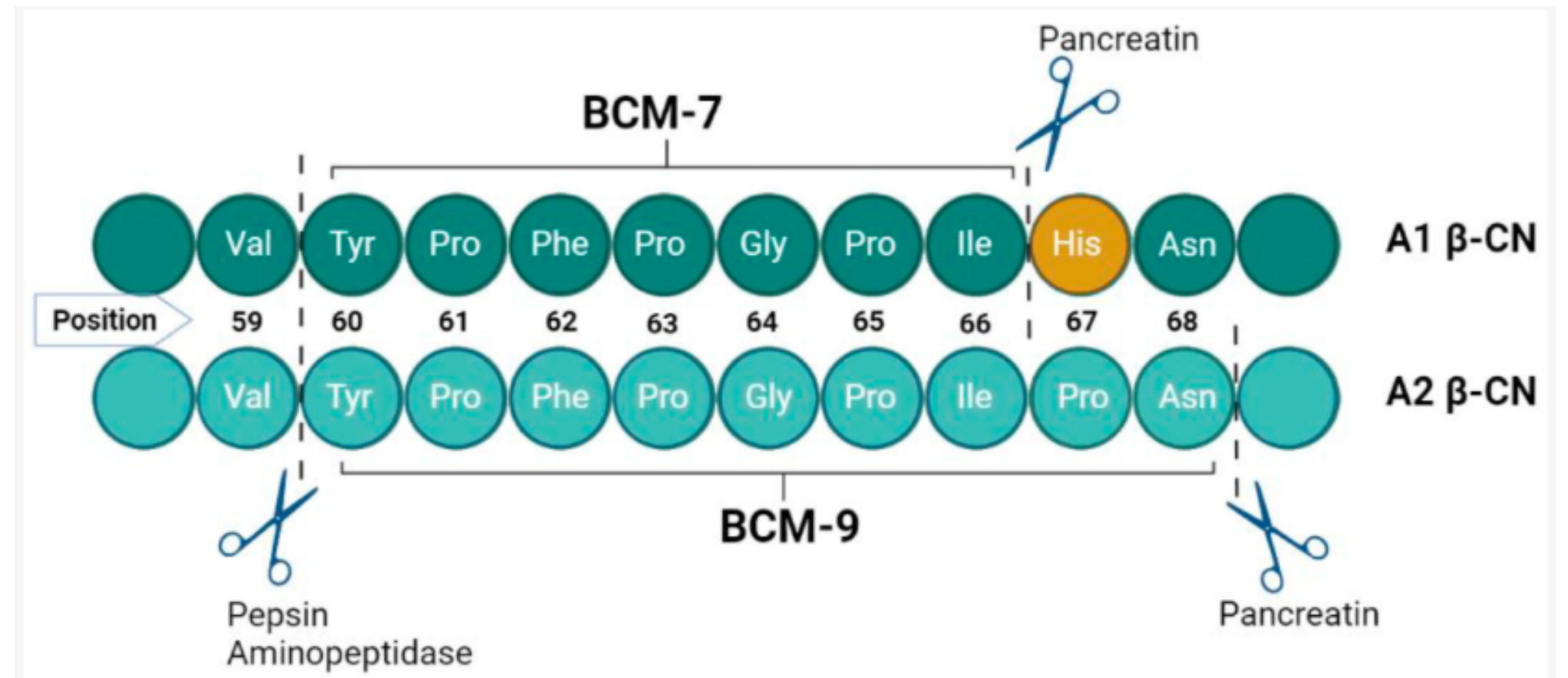
*Proteina mas
abundante*

EoE

beta caseina



Europa central
10.000 años



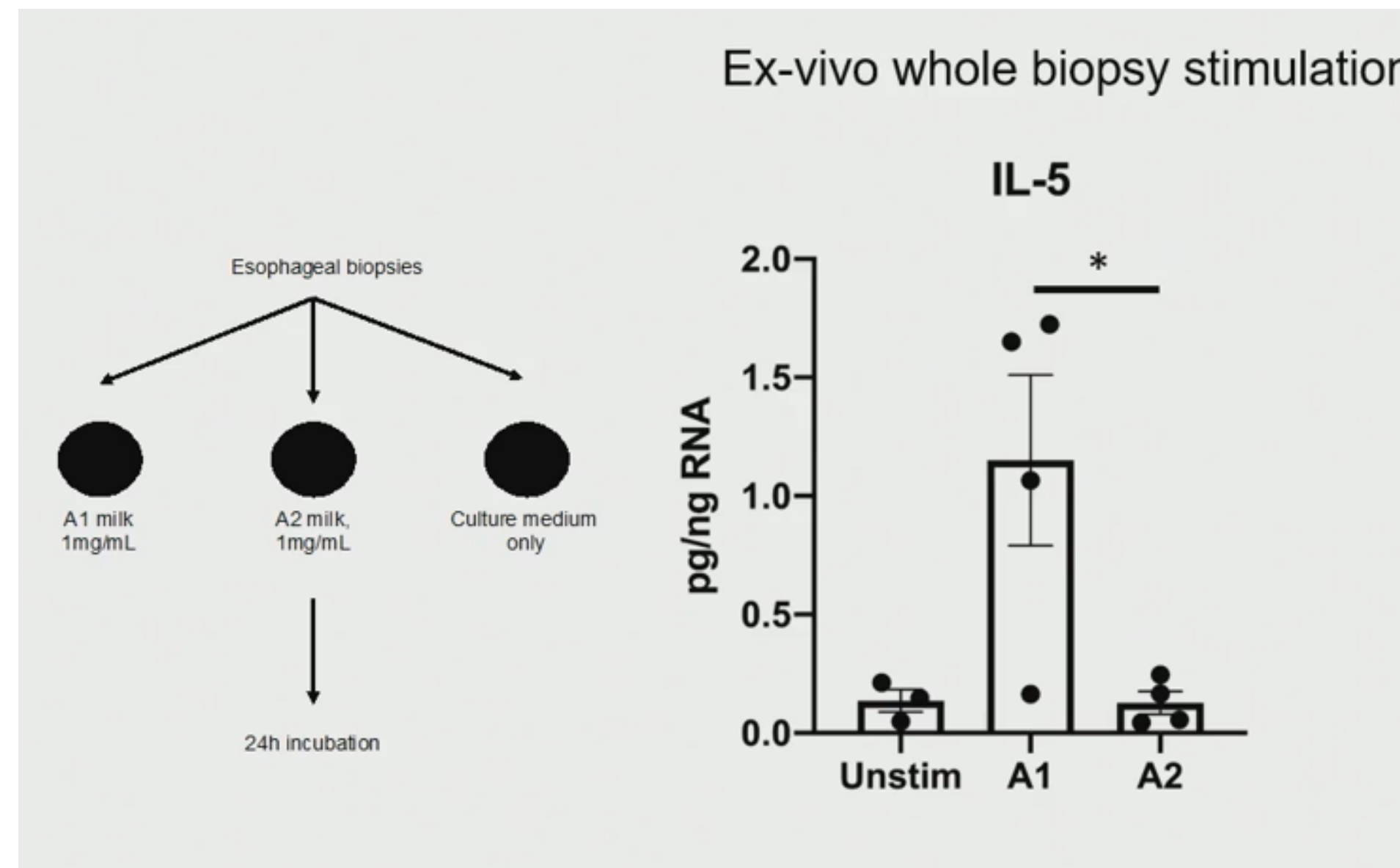
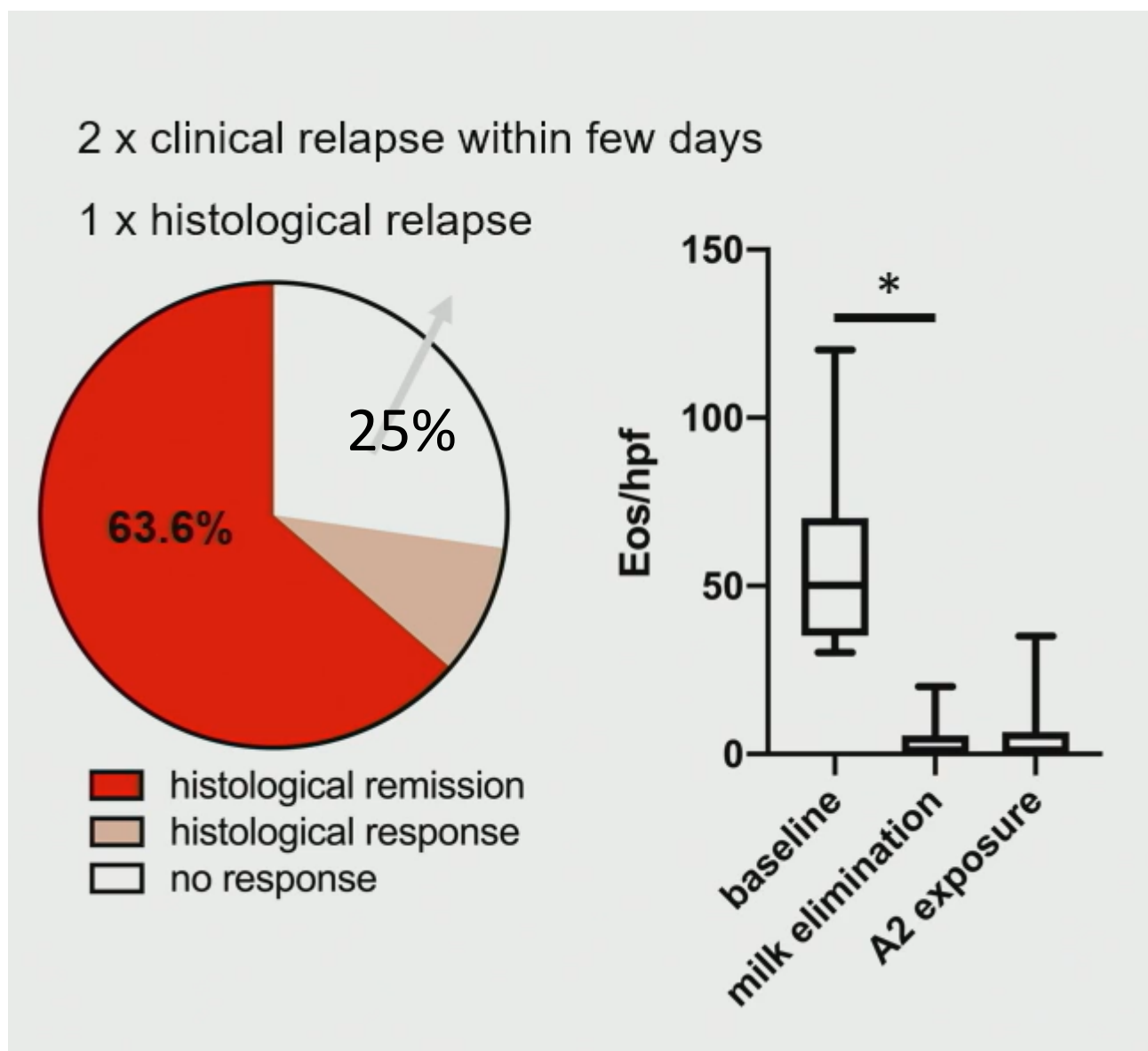


12 EoE leche (+), en remisión con dieta

Challenge leche A2, 300mL/día, x 12 semanas

EoE

Leche A2



$\frac{3}{4}$ EoE leche(+) toleran bien leche A2
 Se identifica proteína/variante alélica
 Sería vía menor activación inflamatoria

gracias.



10

% Consultas OTRL-
Gastro

5v

Gastos vs ERGE

QOL