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Chronic acid reflux requires monitoring

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When symptoms associated with holiday overindulgence don't go away, there could be a serious problem

Summary:

Richard Walker Sr. could no longer enjoy his favorite foods: steak or fried chicken.

Dana Clark Felty

Richard Walker Sr. could no longer enjoy his favorite foods: steak or fried chicken.

"My wife makes the best chicken fingers you'd ever want to eat," Walker said. "I'd kill for them."

Of what he could eat, the Savannah man had to chew slowly and couldn't participate in dinner conversation. Eating too quickly or talking to dinner guests, sent him running to the bathroom, where he would often regurgitate.

After more than a year of those troubles, Walker saw a doctor.

What he discovered was shocking.

A CAT scan revealed a massive hiatal hernia. About a quarter of Walker's stomach had protruded over his diaphragm and into his chest. Tests also showed numerous ulcers on his esophagus.

The problem isn't that uncommon.

Up to 30 percent of Americans suffer from chronic heartburn, acid reflux and acid indigestion.

Overindulgence associated with the holiday season tends to bring on those symptoms.

Though occasional gorging isn't a big deal, reaching for anti-acids and other over-the-counter medications on a daily basis could signal a serious problem.

"It can cause a lot of misery," said Dr. Charles Duckworth, one of eight gastroenterologists at the Center for Digestive and Liver Health in Savannah. "In rare cases, it can be deadly."

High risk

Between 10 and 30 percent of the population of the Western world is affected by chronic heartburn or acid reflux, otherwise known as gastroesophageal reflux disease or GERD.

By the time some patients seek help, they're popping pills three to four times a day, Duckworth said.

The emergence of Prilosec, the first proton pump inhibitor, in the early 1990s revolutionized the treatment of chronic acid reflux. Many people were able to suppress daily symptoms without surgery.

"Prior to that, you could not control acid reflux" without invasive, open surgery, Duckworth said. "It changed people's lives."

However, the rate of GERD diagnoses continue to grow, parallel to the growing trend of obesity.

Also on the rise is an aggressive form of esophageal cancer related to chronic acid reflux.

A condition called Barrett's esophagus is the result of constant back-up of stomach acids into the esophagus, so much so that the lining of the esophagus turns into tissue that resembles the tougher lining of the intestine.

Most people with Barrett's esophagus don't feel a difference. In fact, as the esophagus lining toughens, some may notice less frequent heartburn and regurgitation.

But the condition can be life-threatening.

About 15 percent of patients seeking help for GERD are diagnosed with Barrett's esophagus, a condition that increases their risk of being diagnosed with esophageal cancer.

Esophageal adenocarcinoma is the fastest increasing of all cancers in the United States, rising from approximately 10,000 cases in 2000 to more than 15,500 predicted in 2007, according to the Esophageal Cancer Awareness Association.

The aggressive disease has the second highest death rate of all cancers, with more than 13,500 deaths expected in 2007.

Middle-aged Caucasian men are at much higher risk for the deadly disease than women and other racial groups.

Treating GERD

For some GERD sufferers, over-the-counter drugs might be the best solution.

Some medications alone are so effective at stopping acid reflux, that they allow the esophagus to heal and, therefore, reduce the risk of developing esophageal cancer.

But because of the risks presented by Barrett's esophagus, Duckworth emphasizes that people who suspect they have GERD should see a doctor.

Chronic acid reflux can also cause asthma and chronic sore throat.

In Walker's case, his hiatal hernia had also resulted in him being iron deficient.


Drugs repaired the ulcers in his esophagus, but only surgery could repair the hernia in his stomach.

In July, 2009, Walker had laparoscopic nissen fundoplication, a minimally invasive procedure that involves multiple small incisions to repair the hernia.

"I wish I had done it a year earlier," said Walker, who was back to enjoying his favorite foods less than a month after surgery.

In the future, treating GERD should get even easier.

"There are new advances of surgical techniques done through the mouth with a scope," Duckworth said. "In 10 to 15 years, we may see more and more patients being operated on in that mechanism and not having any incisions at all."

 Dr. Charles W. Duckworth, a gastroenterology specialist at The Center for Digestive & Liver Health, demonstrates a scope he slides down a patient's esophagus to view possible damage caused by acid reflux. Duckworth has experienced the procedure himself without sedation, though being alert would cause most patients to gag. ^[1]

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