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**Regarding the non-gastrointestinal aspects of reflux.**

When stomach acid, or even vapors as with burping, enters the esophagus ("food pipe"), we call it 'gastroesophageal reflux' or GERD. When it gets as high as the throat, called the pharynx and the voice box (larynx), we call it 'laryngopharyngeal reflux', or LPR. Studies show that two thirds to three fourths of patients with reflux do not have the typical sensation of "heartburn". This is because while the esophagus is designed to stand up against acid, the tissues in the throat and above are not. Additionally in chronic patients, it is like eating hot peppers where the first few produce a burning sensation but eventually the tissues become numbed so you do not perceive the irritation; however damage is still being done. It is shown that about 75% of patients with the sensation of a lump in the throat ("globus") without a true mass have reflux of stomach acid into the lower throat. This is due to the fact that the patient's symptoms improve with consistent use of medication and the 'GERD' diet, even if the reflux does not show on X-ray studies. The globus sensation is caused by both swelling due to inflammation from the acid and irritation by the acid. It can be compared to the persistent sense of something in your eye after you remove a hair from it.

In ENT, we are seeing more and more symptoms that respond to reflux therapy which, in the past, were not attributed to GERD/LPR. We see patients with a sense of a lump or even complaints of "glass in the throat", mucous in the throat, hoarseness, tightness in the chest and chronic dry cough. By addressing the reflux, we also often improve or even "cure" patients with asthma or chronic bronchitis because the acid vapors irritate their sensitive lungs. Recent studies have shown an elevated pH in the nose, sinuses and Eustachian tubes that are in the nasopharynx (behind the nose). These acid vapors cause irritation of the tissues in these locations as well. We often see patients who were diagnosed with allergies or "sinus headaches" who do not respond to multiple medications. When we examine them, if the farther down the throat we look, the more red and more swollen the tissues are, the usual problem is GERD/LPR. In a study in the British medical journal 'Lancet', they found about 90% of children with persistent mucous behind the ear drum (otitis media) had elevated levels of a stomach enzyme (pepsin) in the middle ear fluid. They found better cure rates by putting these children on medication to decrease stomach acid than antibiotics. In adults, this often causes ear aches or a sense that the ears need to "pop". Medications only decrease stomach acid by 50% to 75% . Therefore, it is important for the individual to follow a proper diet and lifestyle modifications as well in order to keep these symptoms under control.

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