

Jornada RADHAMES CORTINA 2020

MODALIDAD VIRTUAL



SOCIEDAD DOMINICANA DE
GASTROENTEROLOGÍA, INC.



EXPOSITOR

DR. WILLIAM OTERO



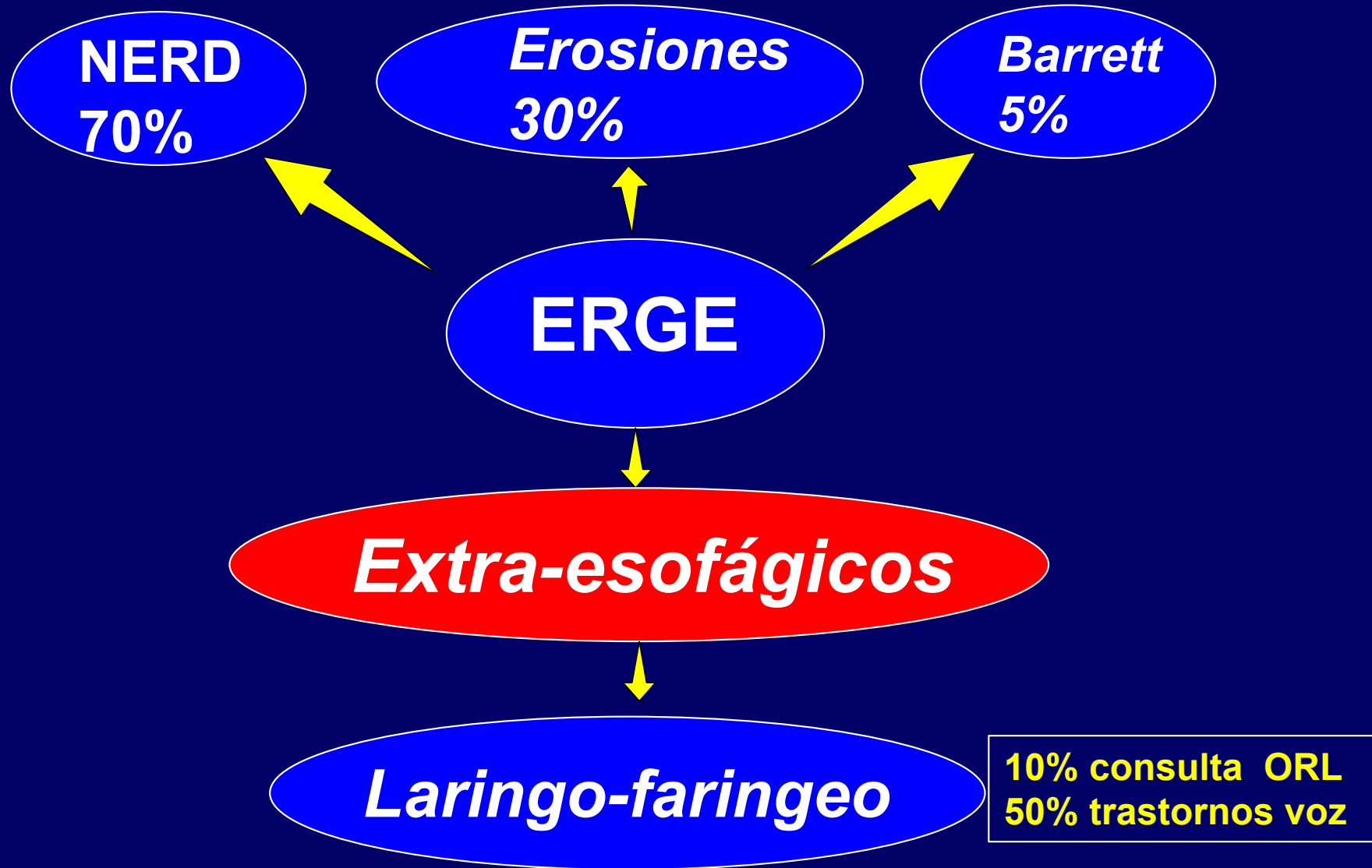
Colombia

Gastroenterólogo

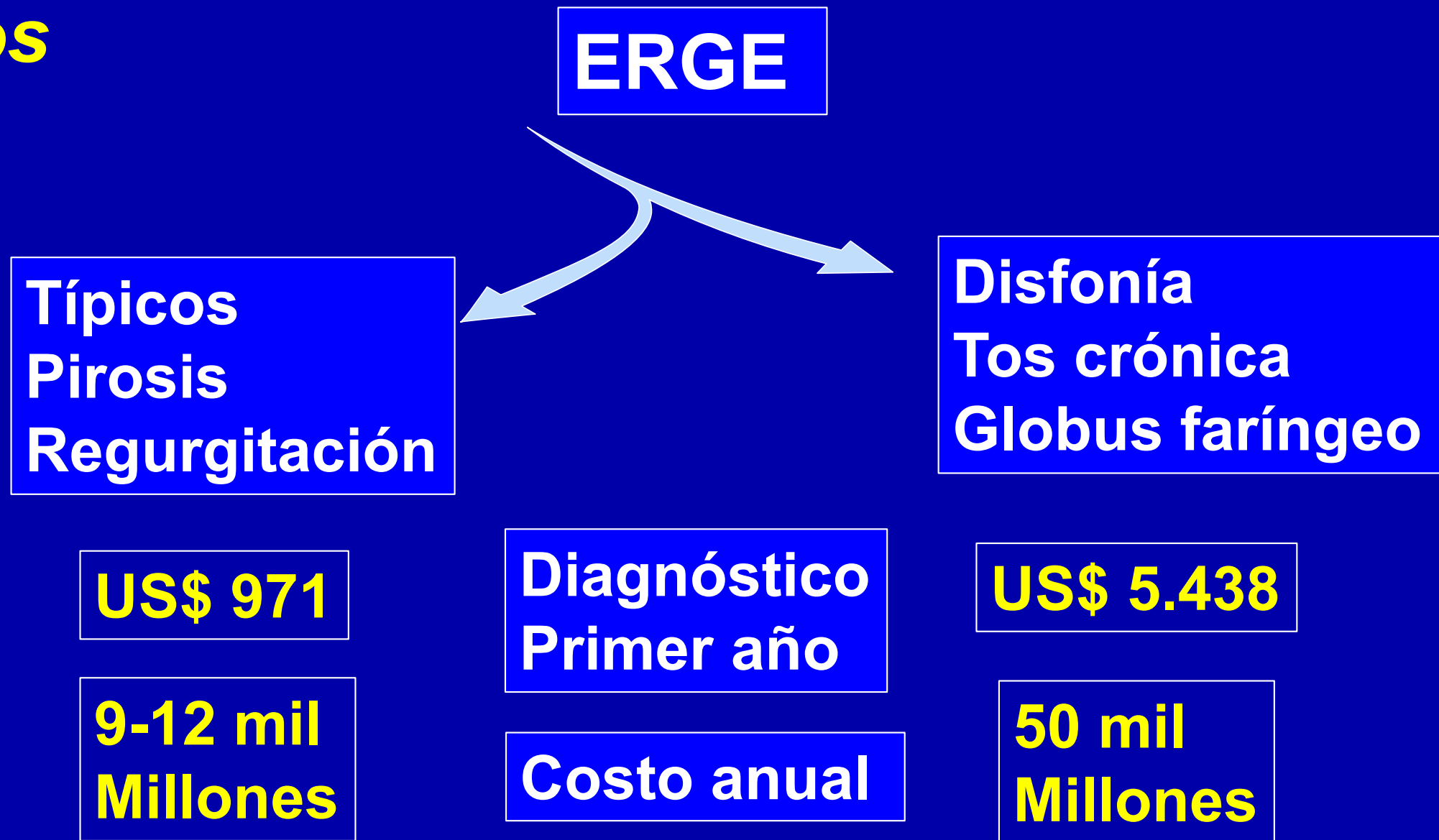
TEMA:

Laringitis por Reflujo Gastroesofágico ¿Existe o no?

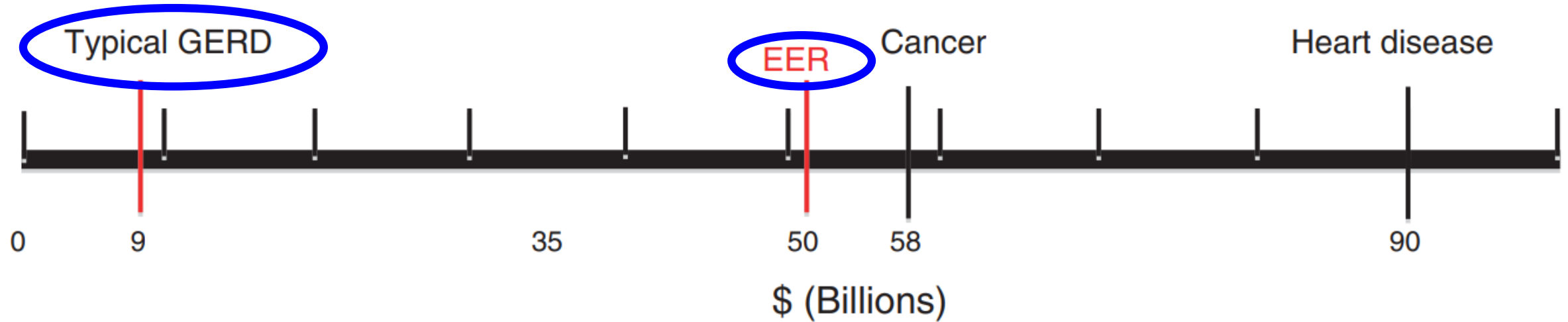
ERGE-Fenotipos



Costos

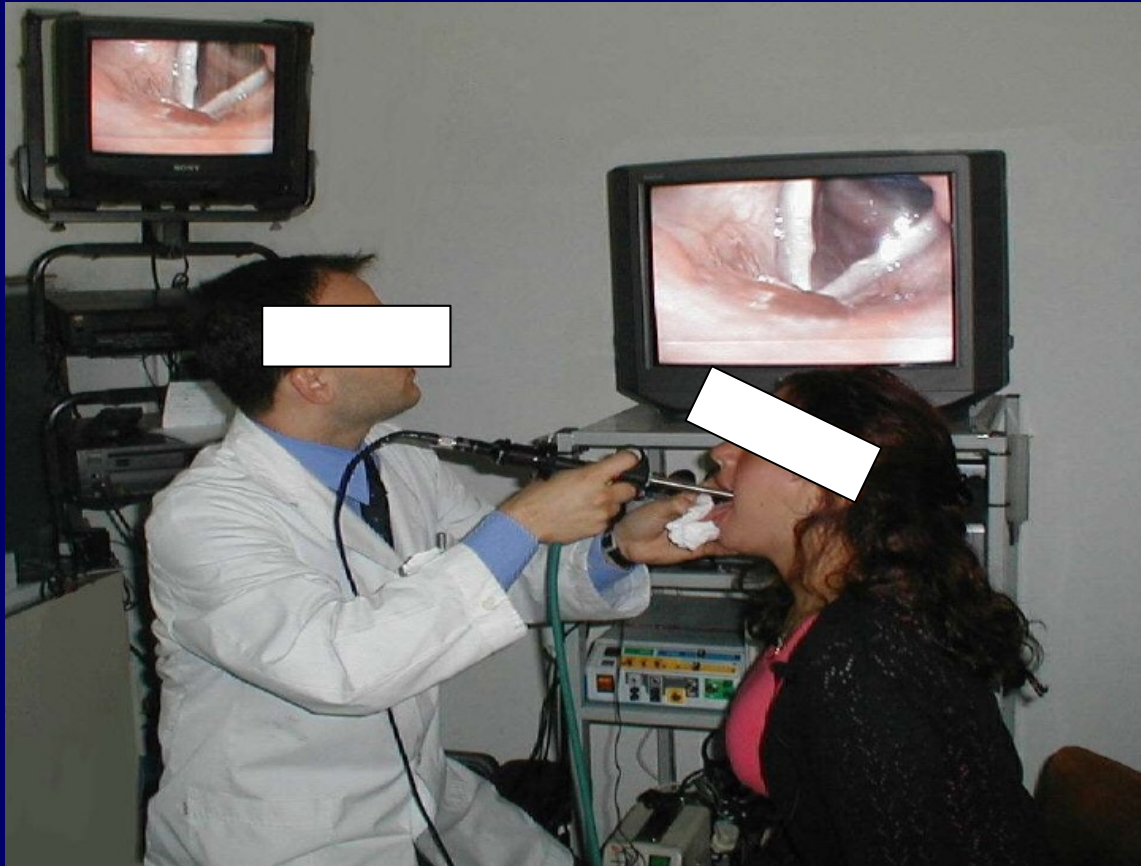


Carga económica síntomas esofágicos y extra esofágicos



Francis DO, Am J Gastroenterol 2013;108:905-11

Reflujo Laringo faringeo



Disfonía
Carraspeo
Dolor Faríngeo
Goteo posnasal
Moco garganta
Globus



Laringitis
Péptica-ERGE

Lechien JR, Otolaryngol Head Neck Surg 2019;160:762-82

**Mecanismos
Productores
Síntomas**

**Directo, microaspiración, "Reflujo"
HCl y ácidos biliares**

**Cambios
Morfológicos**

**Acción indirecta
"Reflejo"
Acidificación
Esófago distal**

Hay más factores

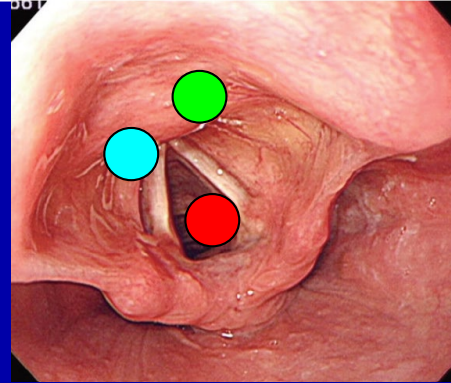
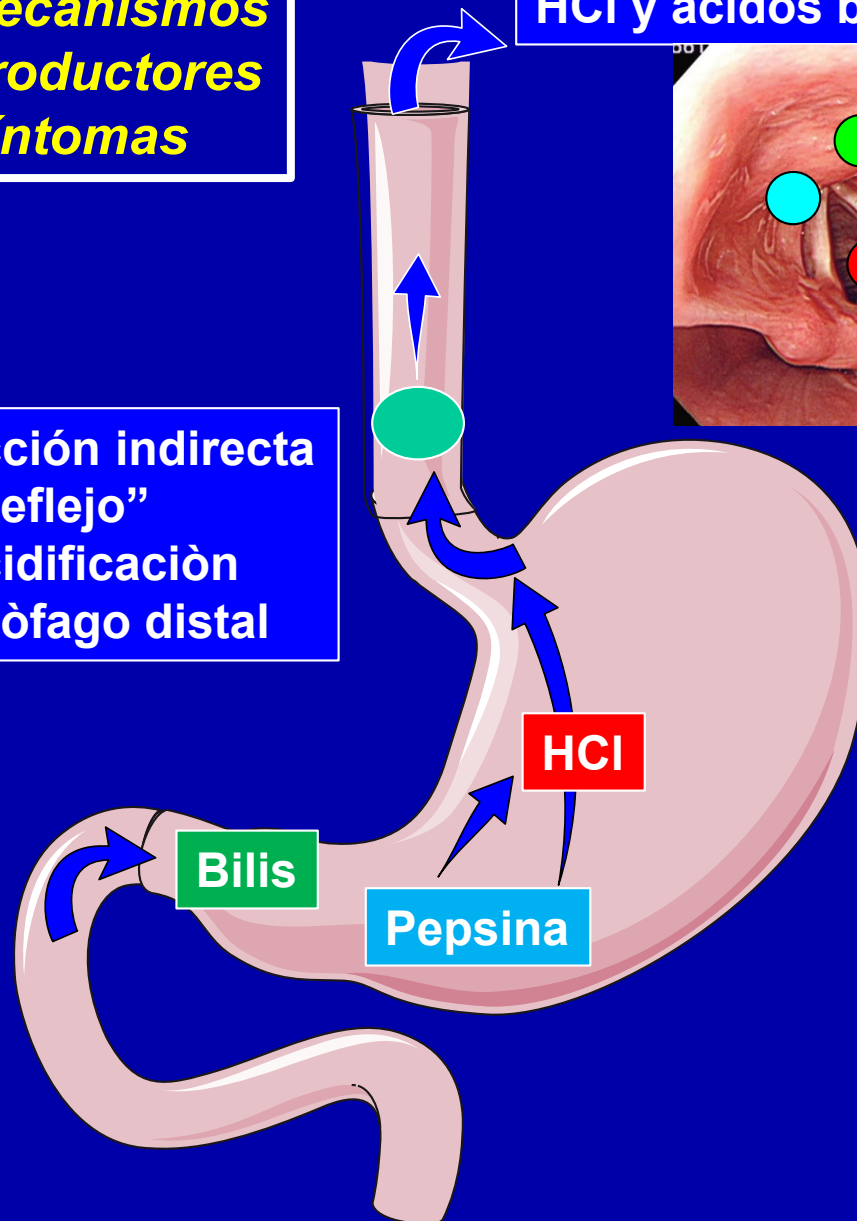
**>>SN
Simpático**

**<<Respuestas
Vagales**

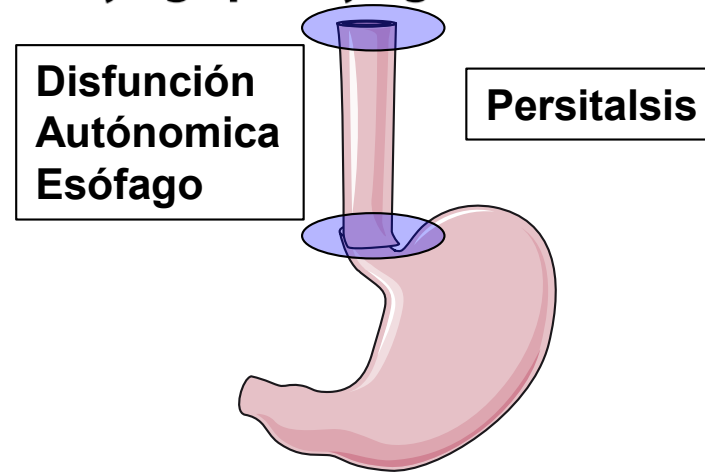
Disfunción autonómica

Hipersensibilidad

**Olores, humedad, Temperatura,
Comer, cantar**



Association between laryngopharyngeal reflux disease and autonomic nerve dysfunction



Autonomic nerve dysfunction was found to be a factor involved in the development of LPRD, and the degree of dysfunction is significantly correlated with disease severity, suggesting that attention should be given to the recovery of autonomic nerve function during treatment of the disease. Combined treatment for autonomic nerve dysfunction may be a boon for patients with refractory LPRD.

Failed Swallows on High-Resolution Manometry Independently Correlates With Severity of LPR Symptoms

^{*,†}Lawrence F. Borges, ^{†,‡}Sanjay Salgado, ^{*,†}Kelly E. Hathorn, ^{*}Natan Feldman, ^{†,§,#}Thomas L. Carroll, and ^{*,†,#}Walter W. Chan, ^{*,†,§}*Boston, Massachusetts*

n=133

Female, n (%)	93 (69.9)
Mean age, years (range)	55.9 (21–87)
Mean BMI ($\pm$ SD)	27.3 ($\pm$ 5.9)
Former smoker, n (%)	47 (35.3)
History of typical GERD symptoms, n (%)	83 (62.4)
Mean total RSI ($\pm$ SD)	19.8 $\pm$ 9.31
LPR symptoms, n (%)	
Hoarseness	85 (63.9%)
Throat clearing	79 (59.4%)
Chronic cough	65 (48.9%)
Globus	52 (39.1%)
Shortness of breath	27 (20.3%)
Sore throat	18 (13.5%)
MII-pH findings	
Acid exposure time, % ($\pm$ SD)	2.15 ($\pm$ 3.47)
Proximal acid exposure time, % ($\pm$ SD)	0.18 ($\pm$ 0.51)
Total reflux episodes ($\pm$ SD)	50.3 ($\pm$ 27.7)
Proximal total reflux episodes ($\pm$ SD)	26.1 ($\pm$ 18.5)

Failed Swallows on High-Resolution Manometry Independently Correlates With Severity of LPR Symptoms

^{*,†}Lawrence F. Borges, ^{†,‡}Sanjay Salgado, ^{*,†}Kelly E. Hathorn, ^{*}Natan Feldman, ^{†,§,#}Thomas L. Carroll, and ^{*,†,#}Walter W. Chan, ^{*,†,‡,§}*Boston, Massachusetts*

Covariates	β -coefficient	P-value
Percent ineffective swallows	0.072	0.05
Age	−0.04	0.52
Male	−3.62	0.09
Increased BMI (>30)	0.26	0.12
Total reflux episodes	2.19	0.52
Failed PPI trial	-0.28	0.51
History of tobacco use	0.39	0.84

Reflujo Laringo-Faríngeo

Diagnóstico día a día

**Síntomas
Clínicos**

**Hallazgos
Naso-Fibro
Laringoscopia**

Síntomas



Índice de síntomas de reflujo

Durante el mes pasado, ¿cómo lo afectaron los siguientes problemas?						
1. Disfonía u otro problema con su voz	0	1	2	3	4	5
2. Carraspera	0	1	2	3	4	5
3. Presencia de moco excesivo en su garganta o goteo retronal	0	1	2	3	4	5
4. Dificultad para deglutir alimentos líquidos o pastillas	0	1	2	3	4	5
5. Tos después de comer o acostarse	0	1	2	3	4	5
6. Sensación de ahogo o atrancamiento	0	1	2	3	4	5
7. Tos ocasional o en accesos	0	1	2	3	4	5
8. Sensación de taco o una aguja en su garganta	0	1	2	3	4	5
9. Quemadura retroesternal, dolor en el pecho, indigestión, agrieras	0	1	2	3	4	5

0= No molesto 5= severo/muy molesto

Belafshy PC, J Voice 2002;16:274-7

**Útil para el seguimiento de
esos síntomas inespecíficos
NO sirven para diagnosticar RLF
Personas asintomáticas (+)**

Todos los expertos

Carroll TL Otolaryngol Clin N Am 2019;723-33

Chang BA, J Voice 2015;29:572-7

Reflujo laringo faringeo

Métodos diagnósticos

Laringoscopia

pH-metría- impedancio

Pepsina saliva

Proteína Sep 70



Puntaje de Hallazgos de reflujo LF

Hallazgos	Puntaje
Pseudosulcus	0 =ausente, 2 =presente
Obliteración del ventrículo	0 =no hay, 2 =parcial, 3 =completa
Eritema / hiperemia	0 =no hay, 2 =aritenoides, 3 =difuso
Edema de pliegue vocal	0 =no hay, 2 =leve, 3 =severo, 4 =polipoideo
Edema laríngeo difuso	0 =no hay, 2 =leve, 3 =severo, 4 =obstructivo
Hipertrofia de la comisura posterior	0 =no hay, 2 =leve, 3 =severo, 4 =obstructivo
Granuloma / tejido de granulación	0 =ausente, 2 =presente
Moco espeso endolaríngeo	0 =ausente, 2 =presente

Belafsky PC, Laryngoscope 2001;111: 1313-7

**Inespecíficos Se observan en
Personas asintomáticas**

Lechien JR, et al. Ann Otol Rhinol Laryngol. 2020;129:313-325.

A medical professional in a white coat is using a laryngoscope to examine a woman's throat. The laryngoscope has a silver handle and a black flexible tube. The woman is shown in profile, looking upwards. The background is a plain, light-colored wall.

Tratamiento Innecesario

86% Asintomáticas

Barrett CM, Gastrointest Endosc Clin N Am 2020;30: 361–76

Hicks DM, J Voice 2002;16:564-79

Potenciales Hallazgos Laringoscópicos en Reflujo Extra-esofágico

Edema, hiperemia laringe

Hiperemia y hiperplasia linfóide de faringe posterior

Cambios inter-aritenoides, edema de Reinke

Úlceras de contacto, Pólipos laríngeos

Tumores, Estenosis glótica posterior

Estenosis laringo-traqueal

Granuloma, leucoplasia, papilomatosis laringea

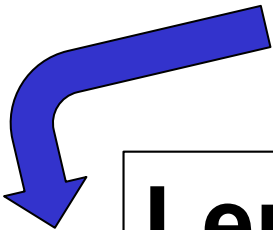
Barrett CM, Gastrointest Endosc Clin N Am 2020;30:361–76

Involvement of Laryngopharyngeal Reflux in Select Nonfunctional Laryngeal Diseases: A Systematic Review

**Jerome R. Lechien, MD, PhD, MS^{1,2,3,4}, Lee M. Akst, MD⁵,
Sven Saussez, MD, PhD^{1,2,4}, Lise Crevier-Buchman, MD, PhD^{1,6},
Stéphane Hans, MD, PhD^{1,6}, Maria Rosaria Barillari, MD, PhD, MS^{1,7},
Christian Calvo-Henriquez, MD^{1,8}, Jonathan M. Bock, MD^{9*}, and
Thomas L. Carroll, MD^{10,11*}**

Otolaryngology–
Head and Neck Surgery
1–12
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Surgery Foundation 2020
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/0194599820933209
<http://otojournal.org>


**No se ha demostrado
Reflujo Laringo-faríngeo**



**Leucoplasia
Estenosis laringo-traqueal
Granulomas de cuerdas vocales
Papilomatosis laríngea**

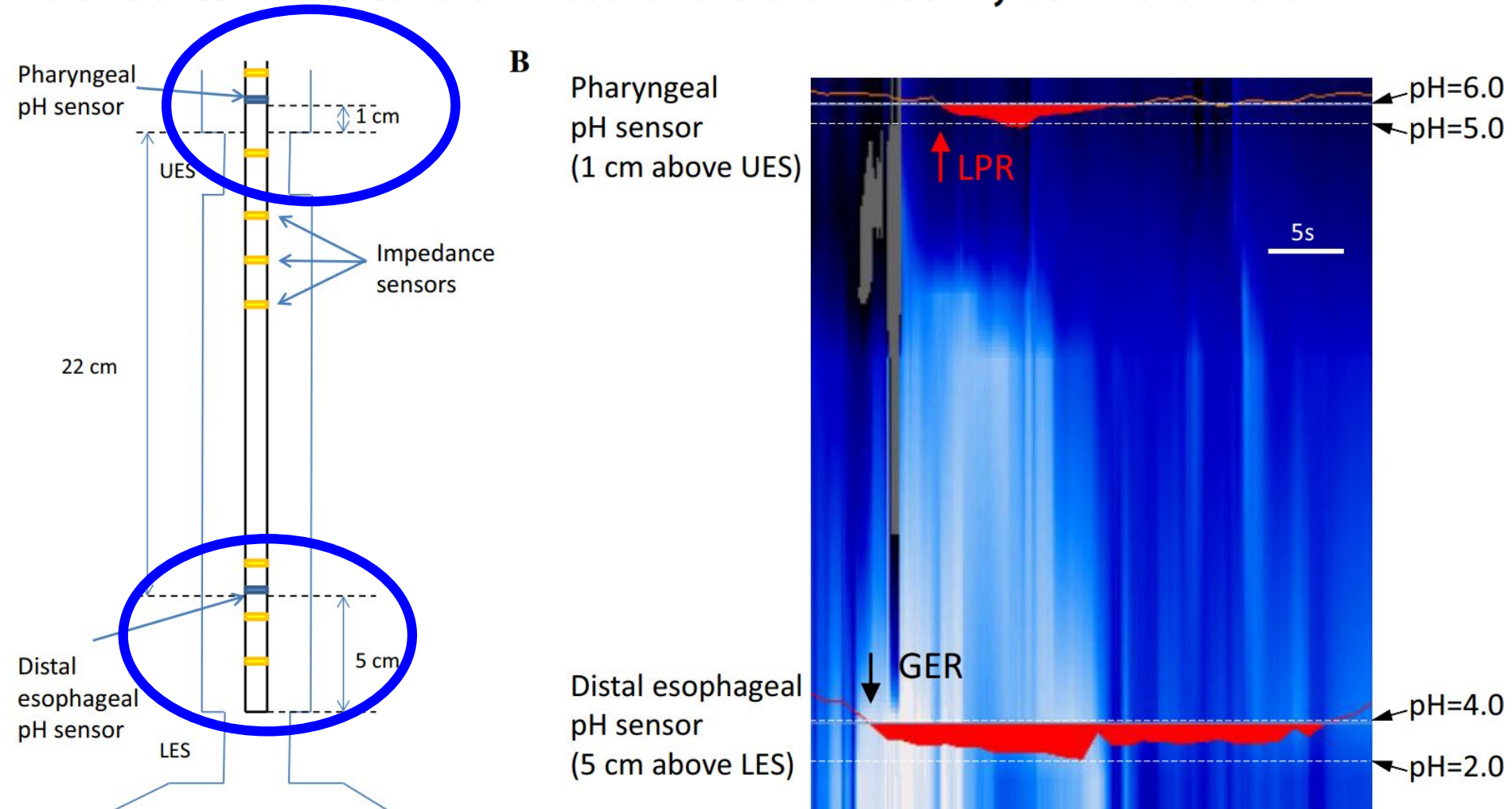
Estudios experimentales con ácido no ácido mixto

Reflujo laringo-faríngeo

**Monitoreo Impedanciometría-pH
Faríngea y esofágica**

Acidic Pharyngeal Reflux Does Not Correlate with Symptoms and Laryngeal Injury Attributed to Laryngopharyngeal Reflux

Martin Duricek¹ · Peter Banovcin¹ · Tatiana Halickova² · Rudolf Hyrdel¹ · Marian Kollarik^{3,4}

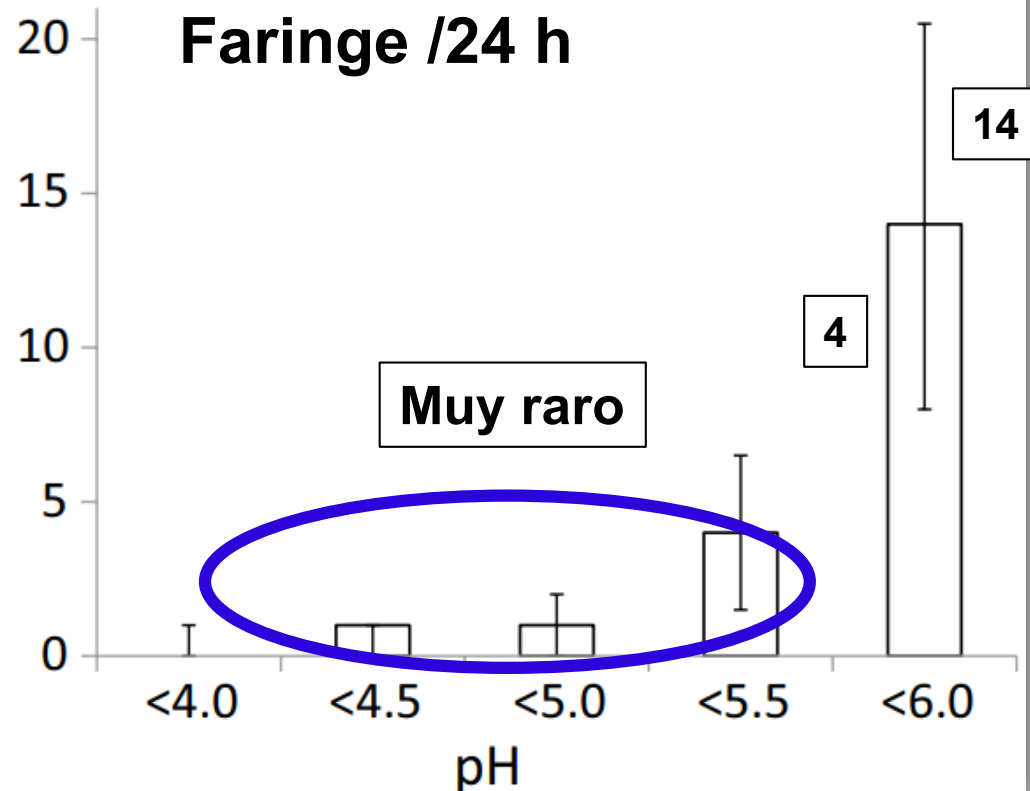


Acidic Pharyngeal Reflux Does Not Correlate with Symptoms and Laryngeal Injury Attributed to Laryngopharyngeal Reflux

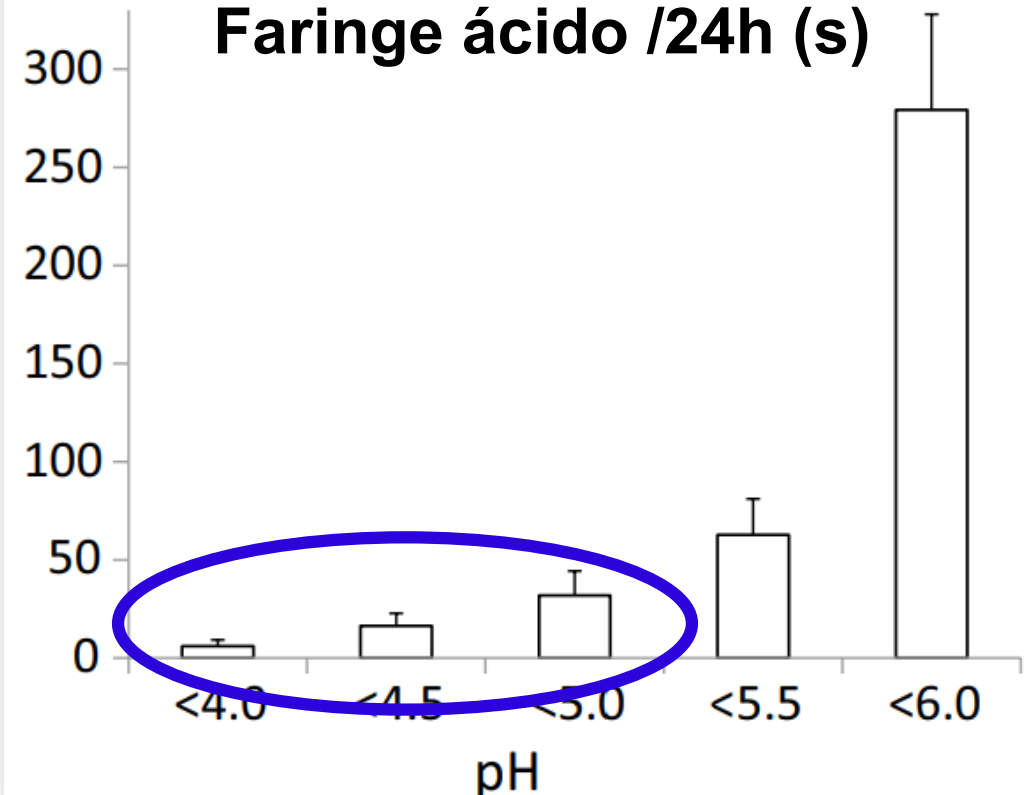
Martin Duricek¹ · Peter Banovcin¹ · Tatiana Halickova² · Rudolf Hyrdel¹ · Marian Kollarik^{3,4}

27 pacientes 48 $\pm$ 2.5 años

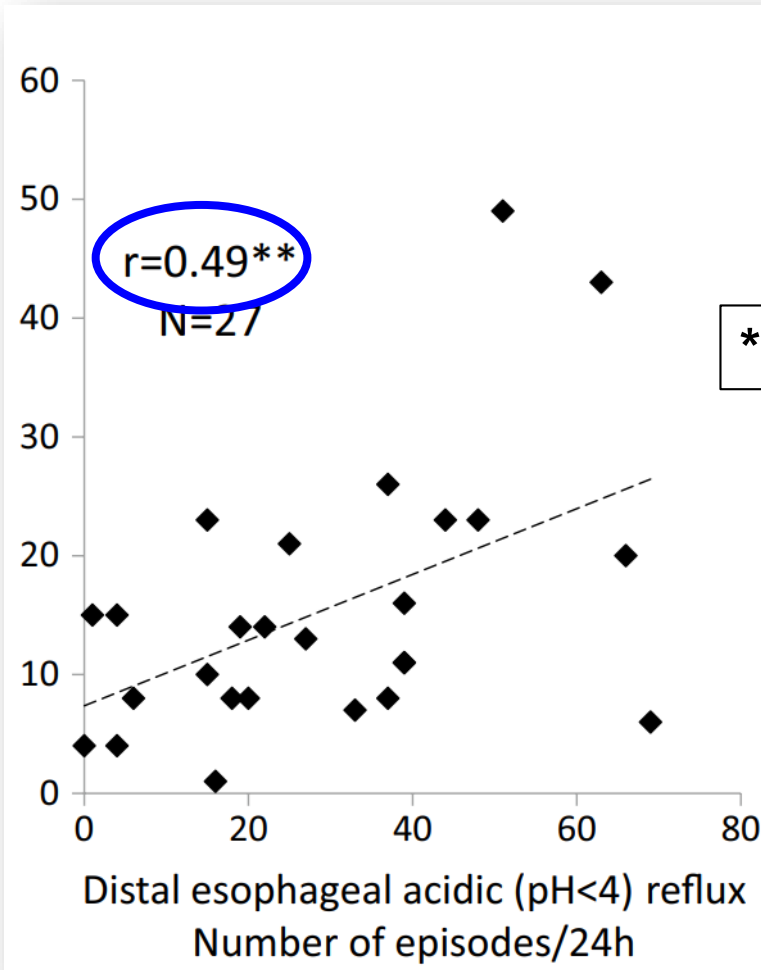
Episodios de pH ácido Faringe /24 h



Duración exposición Faringe ácido /24h (s)

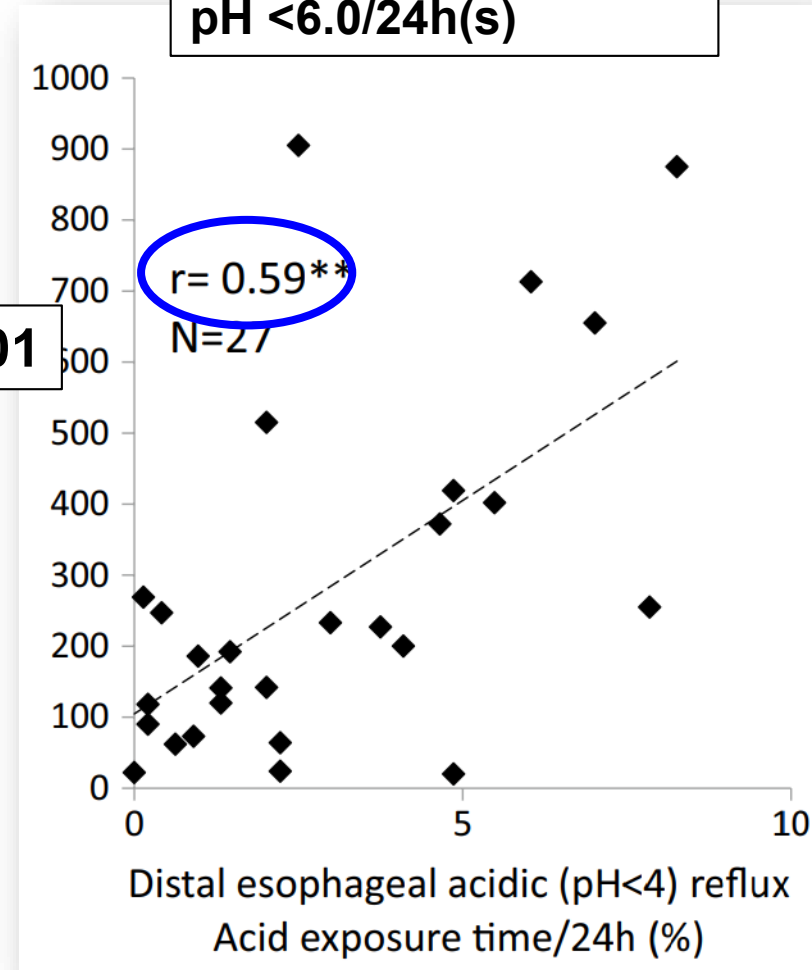


**Reflujo ácido faríngeo
pH <6.0/24h**

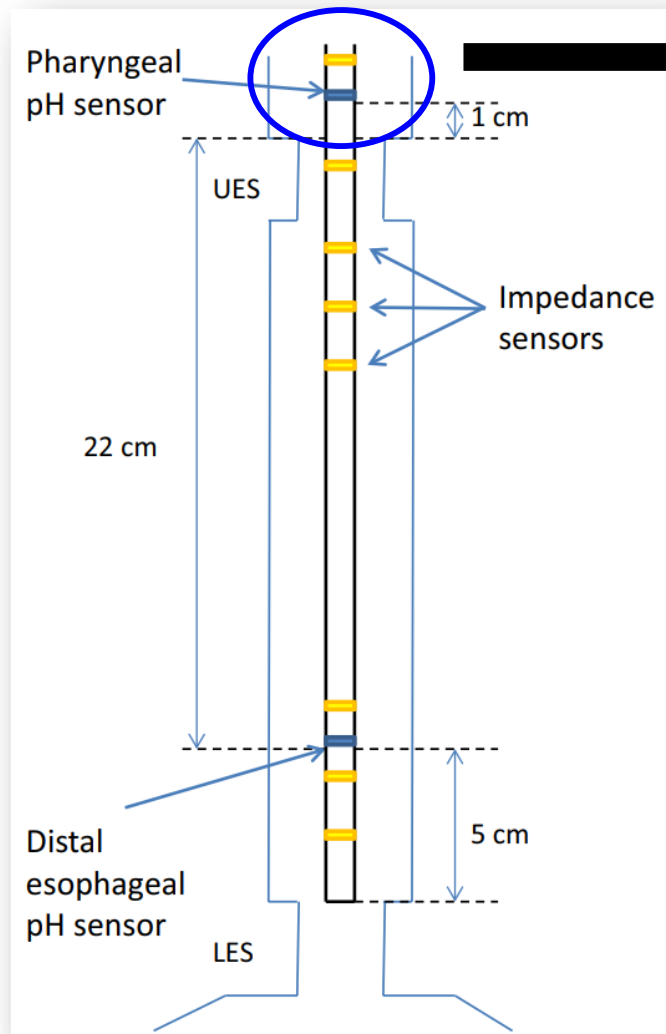


**** p<0.001**

**Duración exposición
Reflujo ácido faríngeo
pH <6.0/24h(s)**



**Reflujo Laringo–Faríngeo se origina en esófago inferior
Episodios infrecuentes podrán perpetuar los síntomas**



**No hubo asociación
entre el reflujo faríngeo**

**Índice de síntomas
de Reflujo (RSI)**

**Puntaje Hallazgos
de Reflujo (RFS)**

**Pacientes con o sin reflujo
Esofágico inferior patológico**

**Monitoreo faríngeo Imp-pH-metria
Tiene Utilidad clínica limitada**

Relación con ERGE Controvertida

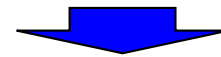
Relationship between laryngopharyngeal reflux disease and gastroesophageal reflux disease based on synchronous esophageal and oropharyngeal Dx-pH monitoring

Lei Wang^{a,1}, Gang Wang^{a,d,1}, Lianyong Li^b, Xin Fan^c, Hongdan Liu^a, Zhezhe Sun^a, Haolun Han^a, Baowei Li^a, Ruiying Ding^a, Wei Wu^{a,d,*}

**N=514 Ronquera, tos crónica, Escurrimiento post nasal, disnea, etc
Índice de síntomas de reflujo >13, GERD Q >8,
EVDA, pH Esofágico, Faríngeo**



**64% Laringo Faringeo puro SIN ERGE
33.6% ERGE tenía Laringo-Faringeo**



**Pueden coexistir
Laríngeo-faríngeo no es secundario a ERGE
Son condiciones distintas**

**Reflujo
Laringo- faríngeo**

≠

**Enfermedad
Reflujo Gastro-esofágico**

**Diurno
De pies
No pirosis
No regurgitación**

**Nocturno
Supino
Obesos
Pirois
Regurgitación**

Chon VH, Aur Arch Otorhinolaryngol 2010;267:321-2
Koufman JA, Ear Nose Throat J 2012;81:7-9
Halum SL, Laryngoscope 2005;115:1042-5

Reflujo Laringo-Faríngeo

**Pepsina en saliva
“Peptest”**

≥ 16 ng/mL

Sensibilidad 64%



Falso negativo 34%

Especificidad 68%



Falso positivo 32%

Calvo-Herández C, Otolaryngol Head Neck Surg 2027;157:385-91
Baraona-Lleo L, J Voice 2018;

Saliva Pepsin Concentration of Laryngopharyngeal Reflux Patients Is Influenced by Meals Consumed Before the Samples

Jerome R. Lechien, MD, PhD, MSc ; Francois Bobin, MD; Vinciane Muls, MD; Mihaela Horoi, MD; Marie-Paule Thill, MD; Didier Dequanter, MD, PhD; Camille Finck, MD, PhD; Alexandra Rodriguez, MD[#]; Sven Saussez, MD, PhD[#]

Methods: Patients with positive LPR regarding hypopharyngeal-esophageal impedance-pH monitoring (HEMII-pH) were enrolled from three European Hospitals. Patients collected three saliva samples, respectively, in the morning (fasting), and 1 to 2 hour after lunch and dinner. Patients carefully detailed foods and beverages consumed during meals and before the pepsin samples. The 3-month treatment was based on the association of diet, proton pump inhibitors, alginate, or magaldrate regarding the HEMII-pH characteristics. Reflux Symptom Score (RSS) and Reflux Sign Assessment (RSA) were used for assessing the pre- to posttreatment clinical evolution. The Refluxogenic Diet Score and the Refluxogenic Score of a Dish (RESDI) were used to assess the refluxogenic potential of foods and beverages. The relationship between saliva pepsin concentration, HEMII-pH, RESDI, RSS, and RSA was investigated through multiple linear regression.

Results: Forty-two patients were included. The saliva pepsin concentration of the 24-hour period of testing was significantly associated with foods and beverages consumed during the testing period and the evening dinner ($r_s = 0.973$, $P < .001$). RSS and RSA significantly improved throughout treatment. The level of saliva pepsin in the morning was a negative predictive factor of the therapeutic response regarding RSA and RSS ($P < .036$).

Conclusions: Foods and beverages may significantly impact the saliva pepsin concentration of patients with LPR. Patients with high-level saliva pepsin in the morning had lower therapeutic response compared with those with low-level saliva pepsin.

Reflujo Laringo-Faríngeo

**Proteína estrés epitelio
escamoso Sep 70**

**Sep 70/ pepsina
Más baja en RLF sintomático**

Especificidad 36%
Falsos positivos 64%

Yadaplati R, Gastroenterology 2018;155:224-6

Laringitis por ERGE diagnóstico

***Naso-Fibro
Laringoscopia***



***Pobre valor
Predictivo +
86% sanos***

***Descartar otras
Patologías***

***Impedancio-
pH-metría
Esófágica
pH orofaríngeo***



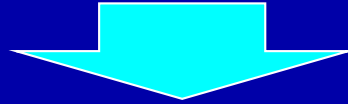
***Pobre valor
Predictivo***

**Barrett CM, Gastrointest Endosc Clin N Am 2020;30: 361–76
Hicks DM, J Voice 2002;16:564-79**

Reflujo Laringo-Faríngeo

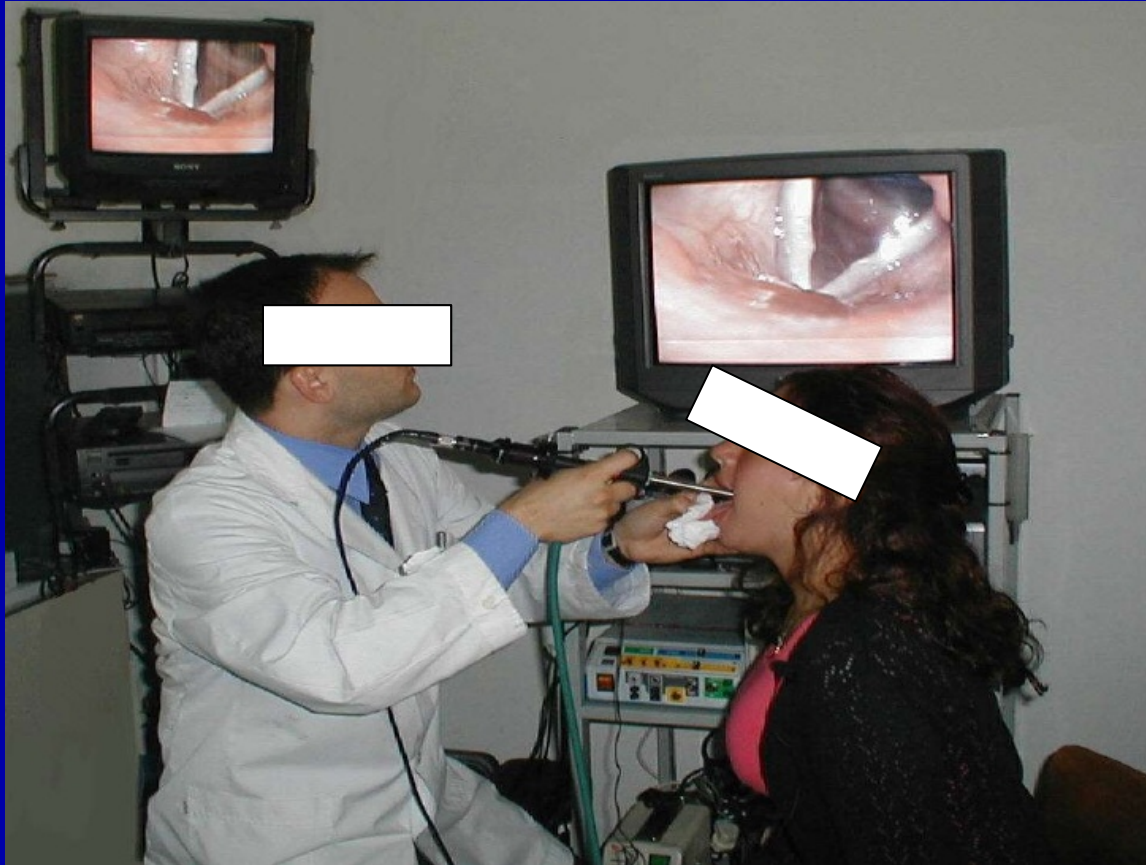
Diagnóstico

No existe “*Gold standard*”



Es un diagnóstico
De Exclusión

Todos los expertos 2020



Laringitis
Péptica-ERGE

Disfonía
Carraspeo
Dolor Faríngeo
Goteo posnasal
Moco garganta
Globus

Esophageal disorders***Mucosa disorders***

Eosinophilic esophagitis
Zenker diverticulum
Esophageal sclerodermia

Esophageal candidosis
Heterotopic esophageal gastric mucosa
Neoplasia

Esophageal/sphincter motor disorders

Hypertonicity of upper esophageal sphincter
Hypertonicity of lower esophageal sphincter
Achalasia
Esophageal spasm
Absent peristalsism
Hypercontractile esophagus
Gastroparesis

Other

Rumination
Aerophagia

Ear, nose, and throat disorders***Infections***

Chronic rhinosinusitis
Mycosis
Recurrent angina

Tuberculosis

Rheumatologic/autoimmune disorders

Rheumatic arthritis
Sjögren's syndrome
Laryngeal sarcoidosis
Amyloidosis
Granulomatosis with polyangiitis
Fibromyalgia
Allergy

Laryngeal musculoskeletal disorders

Function laryngeal disorders
Muscle tension dysphonia

Benign or malign tumors***Anatomic disorders***

Size and shape of the epiglottis
Tongue tonsil hypertrophy
Uvula hypertrophy
Retroverted epiglottis (touching the posterior pharyngeal wall)

Traumatic and other

Laryngeal fracture
Upper aerodigestive tract injury
Cervical osteophytes
Aging voice
Upper aerodigestive tract neoplasia
Thyroid disease (nodules, goiter, etc)

Other***Lung disorders***

COPD

Psychological

Addiction (alcohol, tobacco pharyngolaryngitis)
Stress
Anxiety
Depression
Drugs
Anticholinergic (salivary hypofunction)

Reflujo Laringo-Faríngeo
Diagnóstico diferencial

Nasofibrolaringoscopia es fundamental

**Cáncer
Micro-invasivo**



Rafii B, et al. Laryngoscope 2014;124:1420-4.

Fiebre = infección



Tumores

Autoinmunidad

Endocrinopatías

Reflujo Laringeo Faringeo

Tratamiento

Dieta

IBP

Cirugía

Neuromoduladores

Reflujo Laringeo Faringeo

Tratamiento

Dieta

Abstract

Objective. This study aimed to determine the relationship between laryngopharyngeal reflux and dietary modification.

Methods. A systematic review was conducted. The data sources for the study were PubMed, Embase, Cochrane Library and Web of Science. Articles were independently extracted by two authors according to inclusion and exclusion criteria. The outcome focus was laryngopharyngeal reflux improvement through diet or dietary behaviour.

Results. Of the 372 studies identified, 7 met our inclusion criteria. In these seven studies, laryngopharyngeal reflux symptoms improved following dietary modifications. However, the studies did not present the independent effect of each dietary factor on laryngopharyngeal reflux. Moreover, only one of the seven studies had a randomised controlled study design.

Conclusion. The reference studies of dietary modification for laryngopharyngeal reflux patients are not sufficient to provide recommendations.

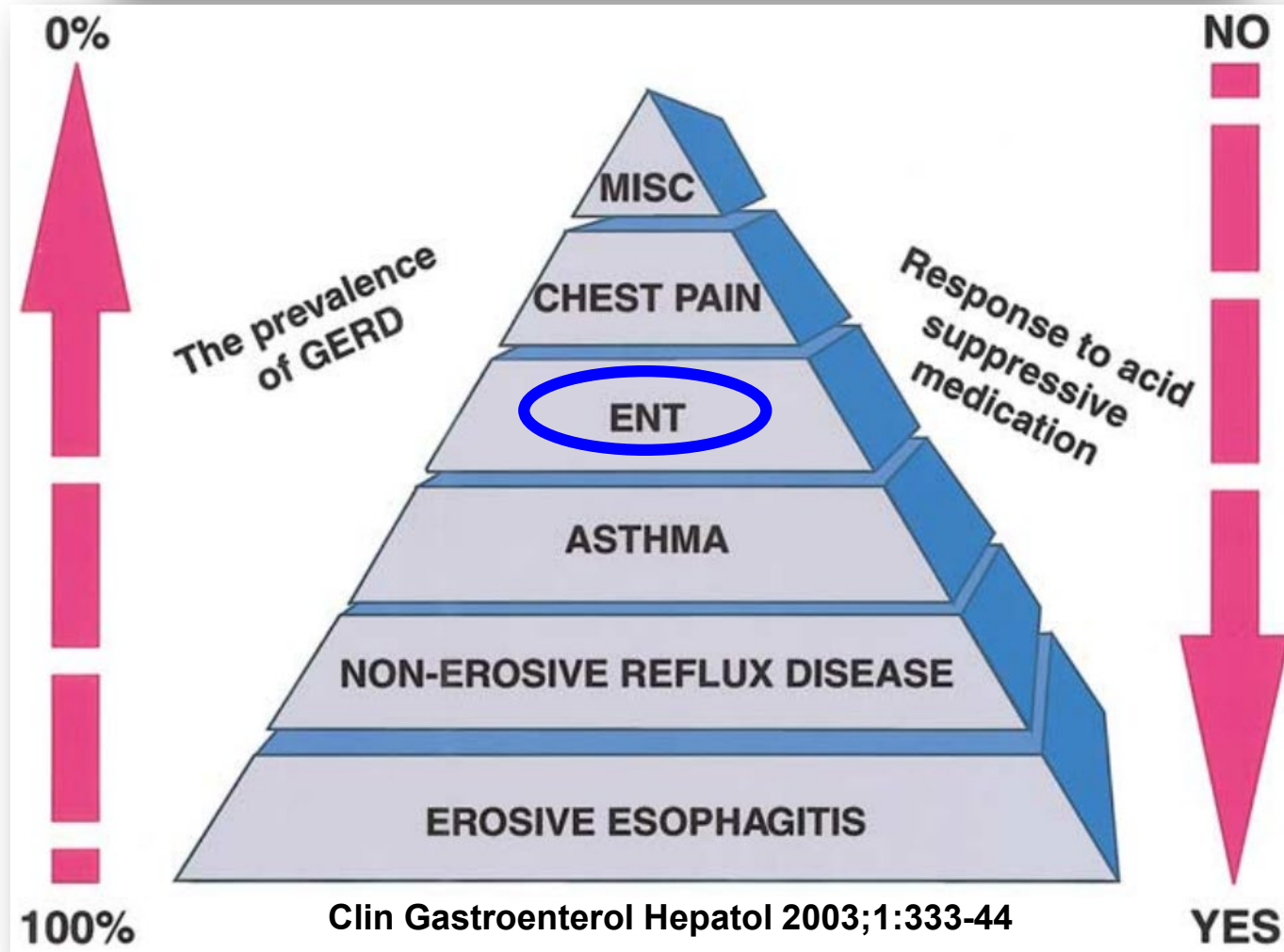
Reflujo Laringo-Faríngeo

IBP, 8 semanas

Expertos y Guías

Laryngeal Signs and Symptoms and Gastroesophageal Reflux Disease (GERD): A Critical Assessment of Cause and Effect Association

MICHAEL F. VAEZI,* DOUGLAS M. HICKS,† TOM I. ABELSON,† and JOEL E. RICHTER*



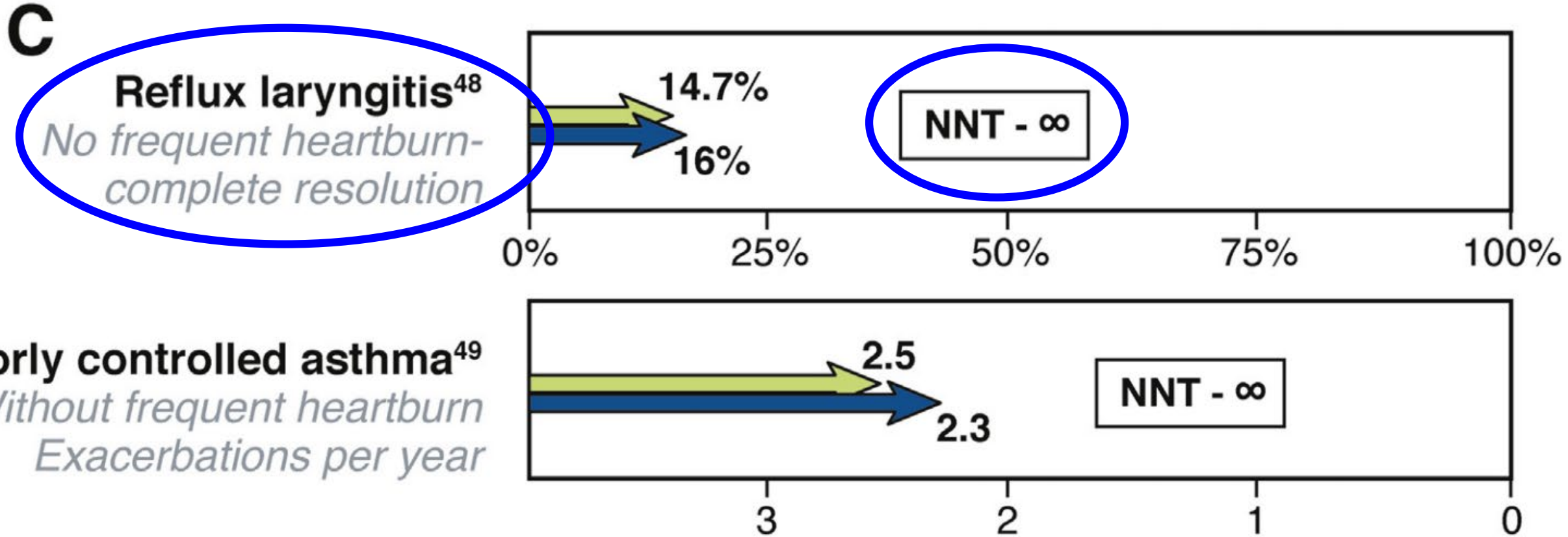
Proton Pump Inhibitors for the Treatment of Laryngopharyngeal Reflux. A Systematic Review

Nikolaos Spantideas, [†]Eirini Drosou, [†]Anastasia Bougea, and [‡]Reem AlAbdulwahed, ^{‡}*London, UK, and †Athens, Greece*

La evidencia Global: IBP cuestionables
6 revisiones IBP= Placebo
3 Revisiones: IBP > placebo
Laringoscopia no cambió

Spantideas M, J Voice 2019 May 31

Síntomas extraesofágicos



Katzka DA, Clin Gastroenterol Hepatol 2020;18:767-76



Gastro-oesophageal reflux treatment for prolonged non-specific cough in children and adults (Review)

Chang AB, Lasserson TJ, Gaffney J, Connor FL, Garske LA

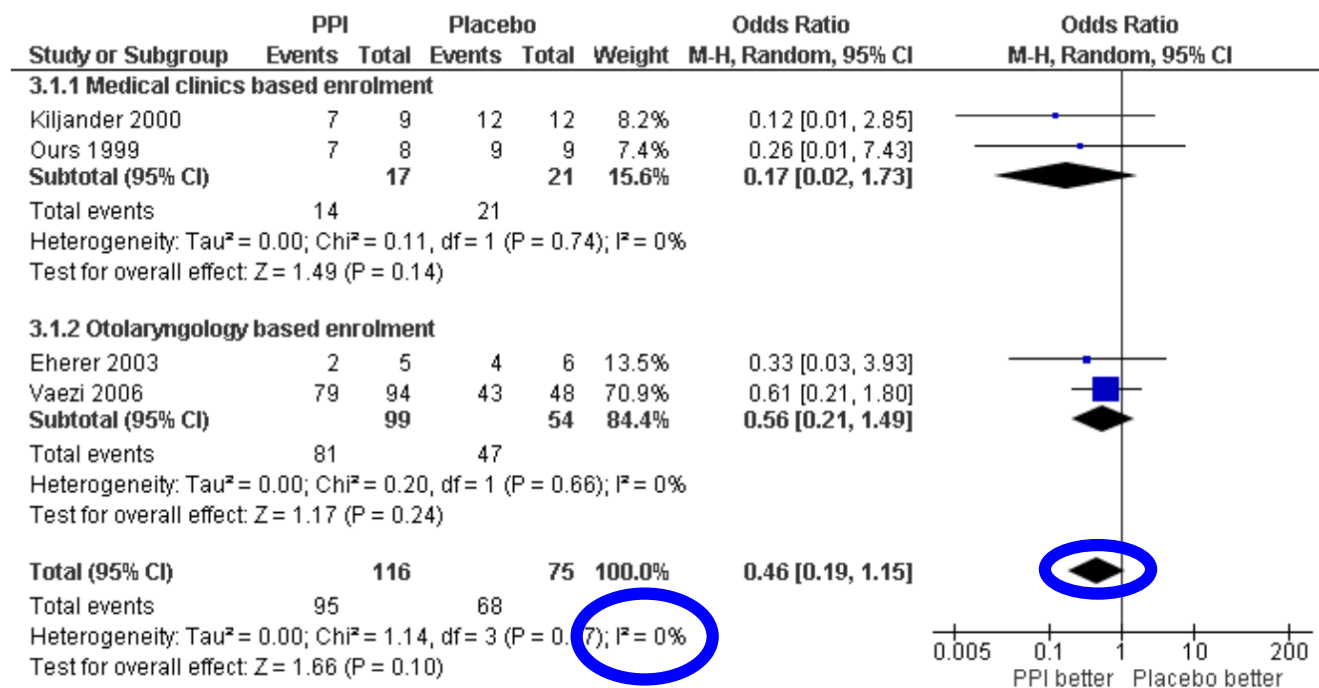
Chang AB, Lasserson TJ, Gaffney J, Connor FL, Garske LA.

Gastro-oesophageal reflux treatment for prolonged non-specific cough in children and adults.

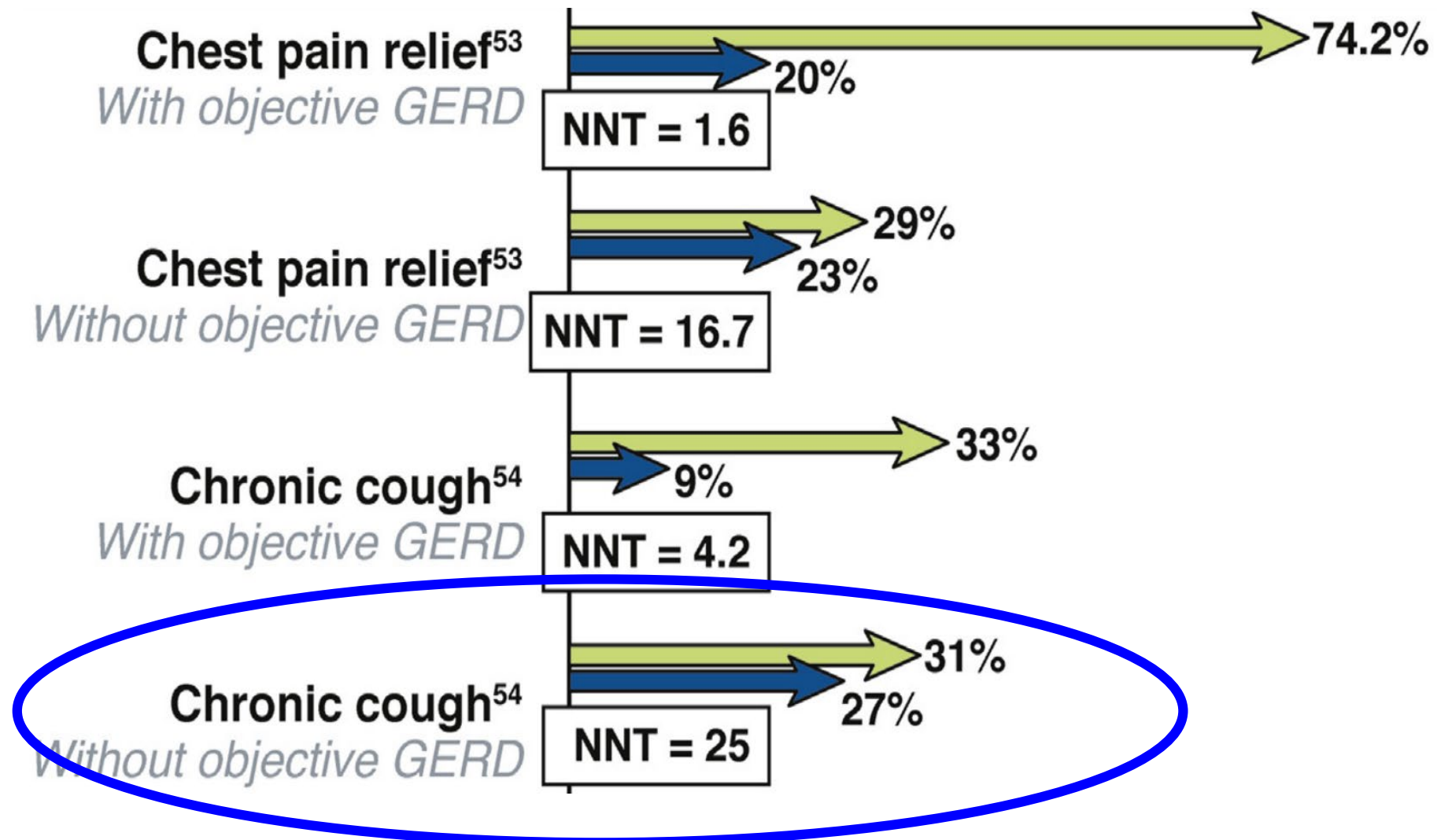
Cochrane Database of Systematic Reviews 2011, Issue 1. Art. No.: CD004823.

DOI: 10.1002/14651858.CD004823.pub4.

Figure 3. Forest plot of comparison: 2 PPI versus placebo (> 18 years), outcome: 2.1 Clinical failures (still coughing at end of trial or reporting period).



Síntomas Atípicos



Treatment of Unexplained Chronic Cough

CHEST Guideline and Expert Panel Report

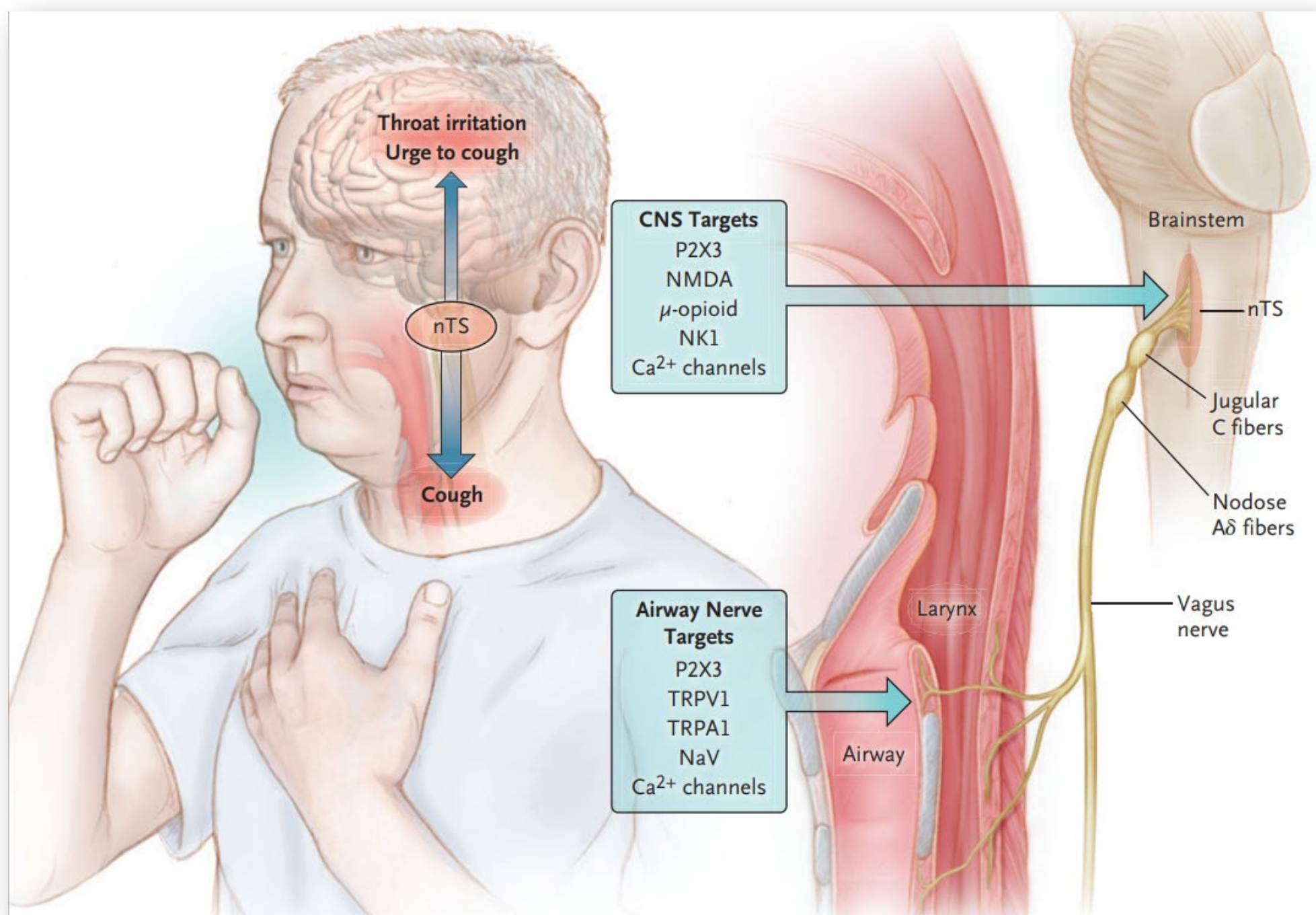


Peter Gibson, MBBS; Gang Wang, MD, PhD; Lorcan McGarvey, MD; Anne E. Vertigan, PhD, MBA, BAppSc (SpPath);
Kenneth W. Altman, MD, PhD; and Surinder S. Biring, MB ChB, MD; on behalf of the CHEST Expert Cough Panel

Other Therapies: Esomeprazole: Esomeprazole, a proton pump inhibitor, was studied in high doses for the treatment of UCC.³⁶ No benefits on cough severity or quality of life were observed, suggesting that there was no evidence that the chronic cough was due to acid reflux with GERD. Moreover, there were no serious adverse events, and no one was withdrawn from the study for safety. The study power was calculated to detect a 1 SD change in the cough-specific quality-of-life questionnaire.

6. In adult patients with unexplained chronic cough and a negative workup for acid reflux disease, we suggest that proton pump inhibitor therapy not be prescribed (Grade 2C).

**Tos crónica
No IBP**



Reflujo Laringo-Faríngeo

IBP



***Cuando hay síntomas
típicos de ERGE
Esofagitis C, D***

Reflujo Laringo-Faríngeo

Cirugía

Surgical Treatment for Laryngopharyngeal Reflux Disease

A Systematic Review

Jérôme R. Lechien, MD, PhD, MS; Giovanni Dapri, MD, PhD; Didier Dequanter, MD, PhD;
Alexandra Rodriguez Ruiz, MD; Marie-Thérèse Marechal, MD; Lisa G. De Marrez, MD; Sven Saussez, MD, PhD;
Piero Marco Fisichella, MD, MBA

234 Estudios, incluidos 34
Todos variaron: Criterios inclusión, exclusión,
Medición del desenlace
Diagnóstico *no* hay “Gold Standard” diagnostico

CONCLUSION AND RELEVANCE The reported studies of fundoplication in LPR disease have important heterogeneity in method of diagnosis, exclusion criteria, symptoms, and signs assessed as therapeutic outcomes; therefore, this systematic review was **nonconclusive** regarding whether surgery for LPR disease is associated with effective control of sight and symptoms.

criteria for diagnosis were not consistently used, and the diagnostic accuracy was not precisely assessed. **Cirugía: Síntomas típicos, impedanciopH**
Indicaciones usuales

Reflujo Laringo-Faríngeo

Cirugía

*Hernia hiatal gigante
Regurgitación severa
pH-metría –impedancia
Reflujo no ácido*

Reflujo Laringo-Faríngeo 2020

**Tratamientos diferentes
A inhibir el ácido**

Hipersensibilidad Laríngea similar a Esófago hipersensible

Neuromoduladores

Medication	Type of Study	Dose of Medication	Number of Patients	Response Rate
Gabapentin	RCT (primary symptom cough)	Up to 1800 mg/day	62 (32 treatment, 30 placebo)	74%
	Case series (primary symptom cough)	100 to 900 mg/day	28	68%
Pregabalin	Case series (laryngeal symptoms)	75 mg BID, increased to 150 mg BID over 4 weeks	12	83%
Amitriptyline	RCT (primary symptom cough)	10 mg up to 100 mg at night	28 (15 amitriptyline, 13 guaifenesin)	87%
	Case series (primary symptom cough)	10 mg up to 40 mg at night	18	77%

Patel DA, Gastroenterol Hepatol (NY) 2018;14:512-20

Gabapentin: Ryan NM, Lancet 2012;380:1583-9

Pregabalina: Lee B, Ann Otol Rhinol Laryngol 2005;114:253-7

Amitriptilina: JeyaKumar Laryngosco 2006;116:2108-12, Bastian ZJ, Peer J, 2015;3:e816

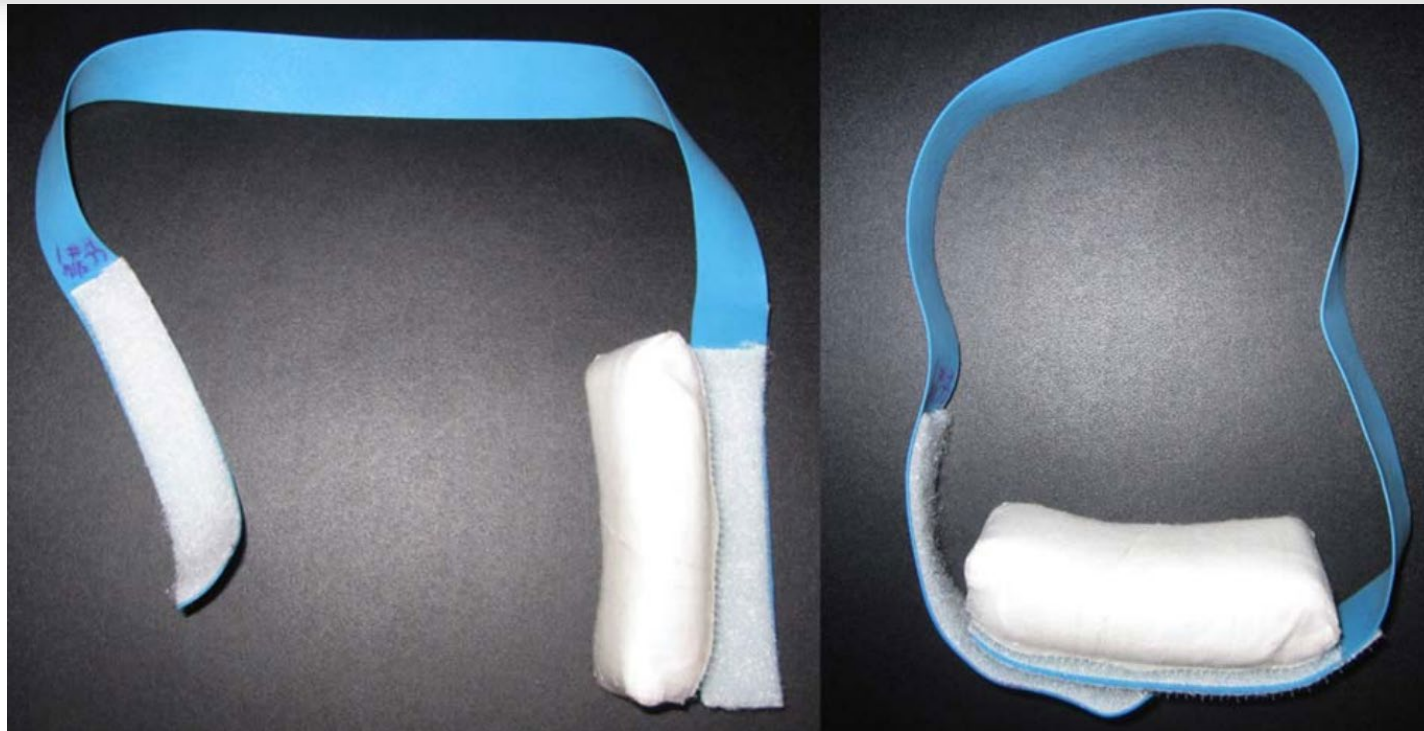
Reflujo Laringo-Faríngeo

**Tratamientos
Novedosos**

Dispositivo de ayuda al Esfínter Esofágico Superior “UESAD”

Prevention of Esophagopharyngeal Reflux by Augmenting the Upper Esophageal Sphincter Pressure Barrier

Reza Shaker, MD; Arash Babaei, MD; Sohrab R. Naini, MD



**Presión 20-30 mmHg cricofaríngeo
>Presión EES**

The Upper Esophageal Sphincter Assist Device Is Associated With Symptom Response in Reflux-Associated Laryngeal Symptoms

Rena Yadlapati,^{*} Jenna Craft,[‡] Christopher J. Adkins,[§] and John E. Pandolfino[‡]

20 pacientes

Mejoría sintomática

Índice de síntomas 26 vs 19 p:0.01
GERD Q 10.4 vs 8.6 p=0.01
Pepsina no cambió
93% lo recomendaría



Reflujo Laringeo Faringeo

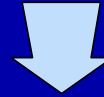
Reflexiones 2020

Reflujo Laringofaríngeo



**Enfermedad por reflujo
Gastroesofágico**

Reflujo laringo-Faríngeo



Entidad compleja

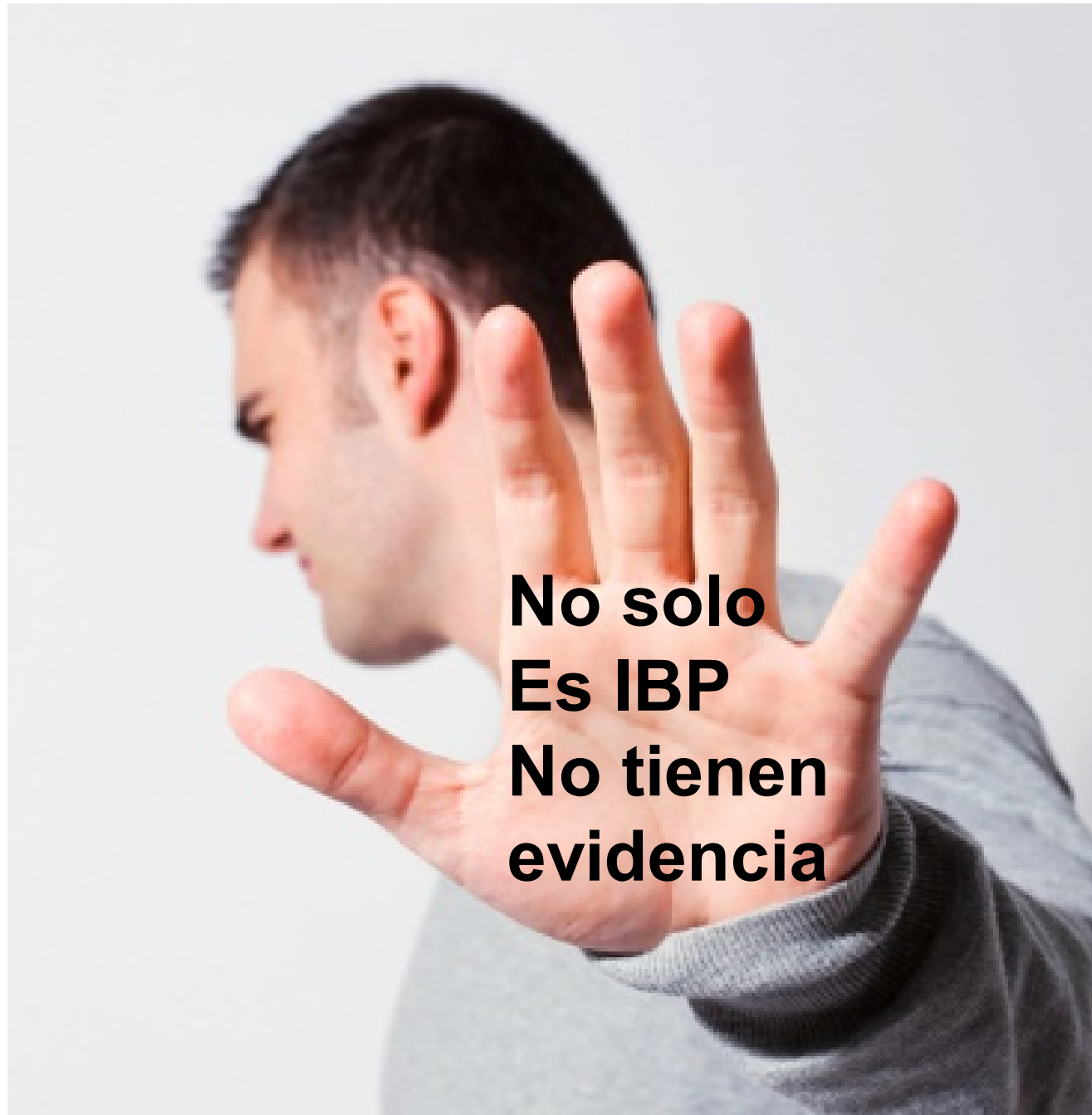
**NO tiene
Estándar
de oro
diagnóstico**

**NO tiene
Estándar
de oro
terapéutico**

**Diagnóstico de
exclusión**



Disorder	Symptoms
Muscle tension dysphonia	Hoarseness, globus, throat pain, dysphagia
Vocal fold paralysis/paresis	Hoarseness, cough, dysphagia, dyspnea, globus
Presbylaryngis	Hoarseness, cough, globus
Irritable larynx syndrome	Cough, globus, hoarseness
Cancer	Throat pain, hoarseness, cough, dysphagia, dyspnea, globus, ear pain
Recurrent respiratory papillomatosis	Hoarseness, cough, dyspnea, globus
Laryngotracheal stenosis	Hoarseness, dyspnea
Phonotraumatic lesion	Hoarseness
Vocal fold hemorrhage	Hoarseness
Polypoid corditis	Hoarseness, cough, globus, dyspnea
Vocal fold scarring	Hoarseness
Vocal process granuloma	Throat pain, hoarseness, cough, globus
Laryngeal candidiasis	Throat pain, hoarseness, cough, dysphagia, globus
Zenker diverticulum	Regurgitation, hoarseness, dysphagia, globus
Paradoxic vocal fold motion	Dyspnea



**No solo
Es IBP
No tienen
evidencia**

Mensajes para la casa

Reflujo Laringo-faríngeo es costoso
No tiene estándar de oro para el diagnóstico
Es un diagnóstico de exclusión
Síntomas tienen muchas causas
IBP si hay síntomas típicos
Cirugía indicaciones usuales en ERGE
Neuro-moduladores viscerales son una opción
NFL obligatoria excluir otras patologías, cáncer

Muchas gracias!

Jornada RADHAMES CORTINA 2020

MODALIDAD VIRTUAL



SOCIEDAD DOMINICANA DE
GASTROENTEROLOGÍA, INC.

VIERNES 20 DE NOVIEMBRE 2020 | HORA: 6:30 PM

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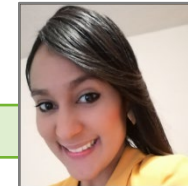
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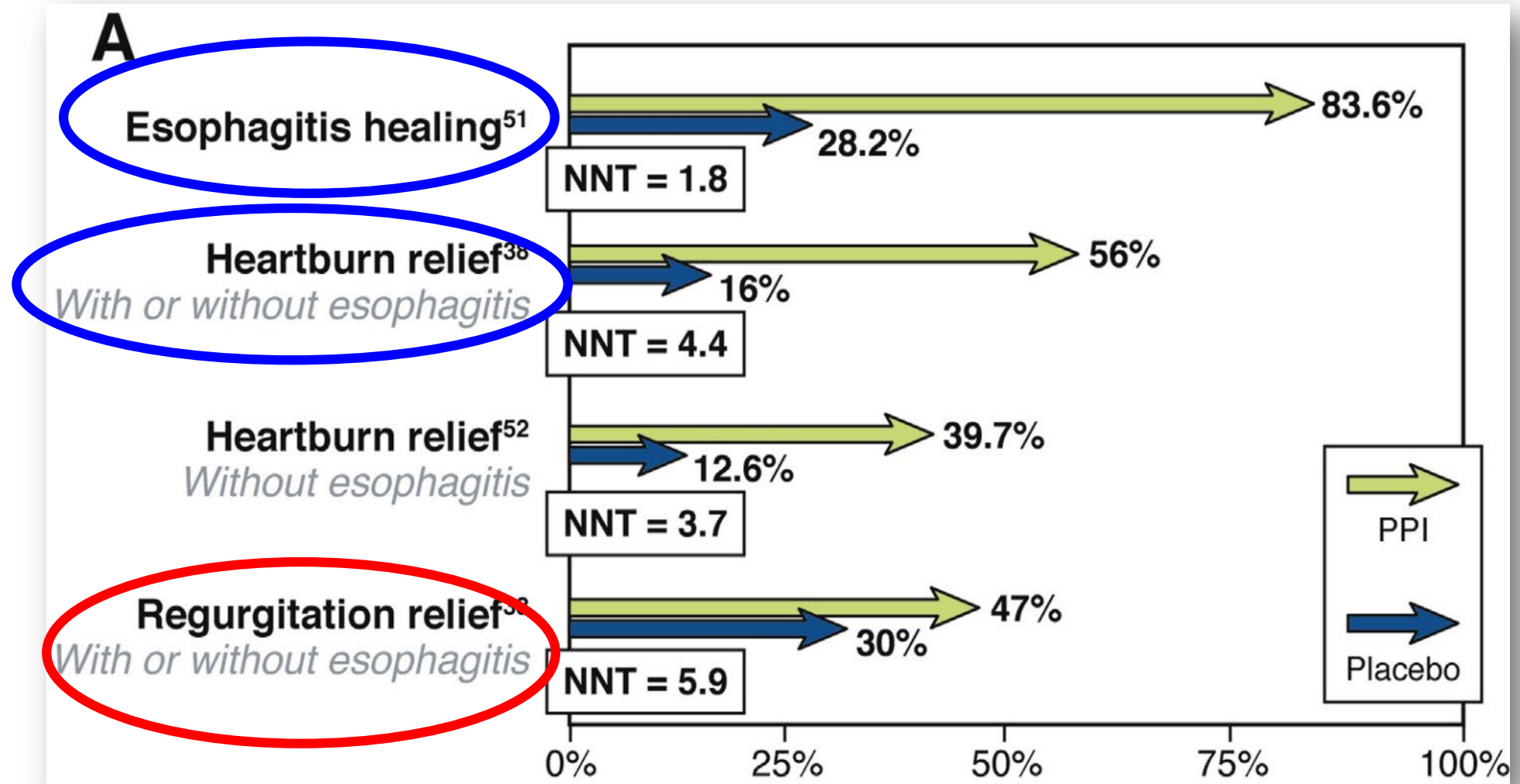
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Hepatóloga



Síntomas Típicos

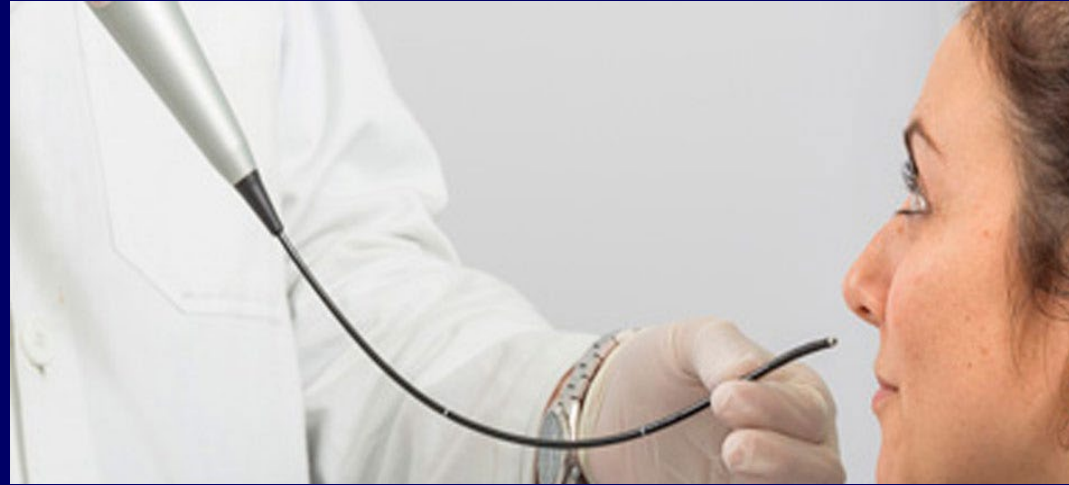


2020

Procinéticos

Baclofén

Dieta



IBP

IBP

**Poca
Utilidad**

Cirugía

**Neuro
Moduladores**



**>Presión EES
Presión 20-30 mmHg**

Ambos tratan la ERGE de manera similar

Otorrinolaringólogo

Reflujo Laringo-Faríngeo

Gastroenterólogo



Muchas gracias!