

Editorial

New About Diagnosis and Management of Treatment in Gastro Esophageal Reflux Disease

Ehsan Shahverdi*^{1,2}, Maryam Allahverdi Khani³

¹Blood Transfusion Research Center, High Institute for Research and Education in Transfusion Medicine, Tehran, Iran

²Student Research Committee, Baqiyatallah University of Medical Sciences, Tehran, Iran

³Department of Medicine, Najafabad Branch, Islamic Azad University, Najafabad, Iran

***Corresponding author:** Ehsan Shahverdi, Iranian Blood Transfusion Organization bldg. Hemmat exp. way Tehran- Iran, Tel: +982188601606; E-mail: shahverdi_ehsan@yahoo.com

Citation: Shahverdi E, Khani AM (2016) New About Diagnosis and Management of Treatment in Gastro Esophageal Reflux Disease. J Dig Dis Hepatol 2016; 17-17.

Received Date: 13 September, 2016; **Accepted Date:** 14 September, 2016; **Published Date:** 20 September, 2016

Editorial

Intestinal tract has the potential to contribute to the development of diseases by different mechanisms [1]. Gastro Esophageal Reflux Disease (GERD) is of the most common gastrointestinal disorders, that seen in all ages and its prevalence varies in various parts of the world. GERD is the most common predisposing factor for esophageal adenocarcinoma [2]. Lifestyle and dietary habits can be effective in this disease. L.Cela et, al. in Albania [3] reported a significant relationship between lifestyle and GERD. Also nutrition and modern diet play an important role in the incidence of this disease and it is confirmed that high intake of meat, oil, salt and calcium increases the risk of reflux esophagitis(RE) while intake of protein, vitamin C, carbohydrates, potatoes, grains, eggs and fruits reduce the risk of RE [4]. Symptoms of the disease may be similar to many other diseases, for this reason, it is causing a delay in treatment which especially in infants may be complications lead to such as esophagitis and finally Barrett's esophagus. There are many options such as drug therapy, endoscopy and surgery for treatment of disease but Y.Chen et al. [5] noted using of Rabeprazole as a reliable and economical method in the diagnosis of GERD.

Gastroesophageal reflux is common in the pediatrics. The majority of patients indicate physiologic GER that many of these patients experience spontaneous resolution by two years of age. The patients who continue to have symptoms are classified as having GERD. Treatment options include dietary

or behavioral modifications, pharmacologic intervention, and surgical therapy. Totally, management of GERD in both-adults and children is depend on disease severity, the degree of symptoms and presence or absence of complications of GER [6]. L Corvaglia by investigation pathology, diagnosis, and treatment of GERD in children used the step wise method with non-pharmacologic interventions and limited drugs [7]. However, there are many studies about diagnosis, treatment and causes of Gastroesophageal Reflux Disease, and the aim of this paper is an overview of the last important research in the field of GERD due to its high prevalence.

References

1. Shahverdi E (2016) Probiotics and Gastrointestinal Diseases. International Journal of Digestive Diseases.
2. Lagergren J, Bergström R, Lindgren A, Nyrén O (1999) Symptomatic gastroesophageal reflux as a risk factor for esophageal adenocarcinoma. See comment in PubMed Commons below N Engl J Med 340: 825-831.
3. Çela L, Kraja B, Hoti K, Toçi E, Muja H, et al. (2013) Lifestyle characteristics and gastroesophageal reflux disease: a population-based study in Albania. Gastroenterology research and practice.
4. Wu P1, Zhao XH, Ai ZS, Sun HH, Chen Y, et al. (2013) Dietary intake and risk for reflux esophagitis: a case-control study. See comment in PubMed Commons below Gastroenterol Res Pract 691026.
5. Chen Y, Wang F, Jiang Y, Wang C, Yao L, et al. (2013) The diagnostic significance of coapplying a rabeprazole test with the SF-36 for gastro esophageal reflux disease. Gastroenterology research and practice.
6. Jackson HT and Kane TD (2013) Surgical management of pediatric gastroesophageal reflux disease. Gastroenterology research and practice.
7. Corvaglia L, Monari C, Martini S, Aceti A, Faldella G, et al. (2013) Pharmacological therapy of gastroesophageal reflux in preterm infants. Gastroenterology research and practice.