

VOL14, 2.1, 2011, PED GERD TILL DEC2010: GUIDELINES AND RECENT ADVANCES.

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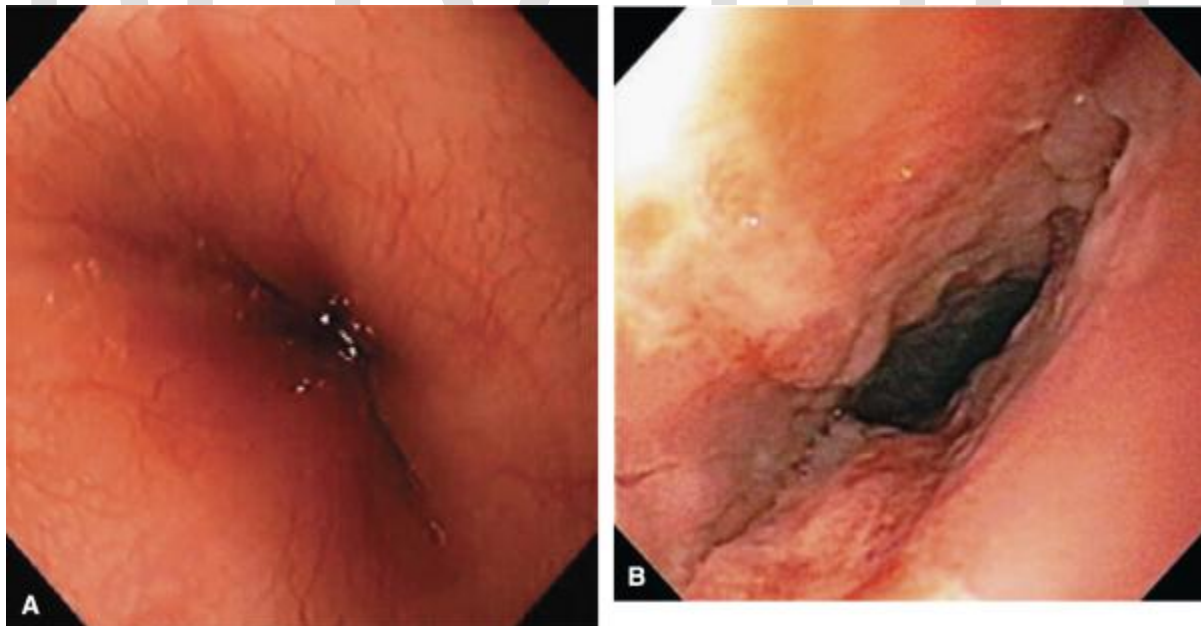
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A: NORMAL

B: GERD.

PEDGIHEP +ESPGHAN +NASPGHAN: GUIDELINES

In infants and toddlers, there is no symptom or group of symptoms that can reliably diagnose GERD or predict treatment response : LEVEL B

In older children and adolescents a history and physical examination are generally sufficient to reliably diagnose GERD and initiate management : Level C

Combined multiple esophageal impedance-Ph recording is superior to pH monitoring alone: LEVEL B

Reflux-induced esophageal damage is defined endoscopically as visible breaks of the distal esophageal mucosa: LEVEL C

Absence of histological changes does not rule out reflux disease: LEVEL B

When endoscopy is performed, esophageal biopsies are recommended for diagnosis of Barrett's esophagus and causes of esophagitis other than GER : LEVEL C.

Upper GI series is not useful for the diagnosis of GERD: LEVEL B

May be a role for nuclear scintigraphy to diagnose aspiration in patients with chronic refractory respiratory symptoms ONLY: LEVEL B

evidence to support a trial of an extensively hydrolyzed protein formula for a 2- to 4-week trial in formula-fed infants with vomiting: LEVEL B.

Thickening of formula results in decreased visible reflux: LEVEL A

supine positioning during sleep: LEVEL A

There is no evidence to support an empiric trial of pharmacologic treatment in infants and young children with symptoms suggestive of GERD : LEVEL B.

Older children and adolescents with heartburn and chest pain,a time-limited trial of acid-suppressive treatment may be useful: LEVEL C.

older children and adolescents, there is no evidence to support specific dietary restrictions to decrease symptoms of GER: LEVEL A

PPIs are superior to H2RAs in relieving symptoms and healing esophagitis :
LEVEL A

Potential side effects of each currently available prokinetic agent outweigh benefits: insufficient support metoclopramide, erythromycin, bethanechol, or domperidone for GERD : LEVEL C

- [Cochrane Database Syst Rev.](#) 2010; : CD003502: Twenty trials involving 771 children :
 1. Elevating the head of the crib for treating reflux in the supine position is not justifiable.
 2. Metoclopramide: benifite vs sideeffects.
 3. Thickened feeds are helpful.
 4. [Small volumes of feed can trigger transient lower esophageal sphincter relaxation and gastroesophageal reflux in the right lateral position in infants.:](#) [J Pediatr.](#) 2010 May ; [156\(5\)](#): 744-8, 748.e1
 5. Delayed gastric emptying is not associated with erosive esophagitis in children with GERD [Pediatr Surg Int.](#) 2010 May ; [26\(5\)](#): 473-8
 6. Clinical trials reveal that PPI therapy is not an effective treatment for common infant GERD [Ann Pharmacother.](#) 2010 Mar ; [44\(3\)](#): 572-6

Ped-BE can show genetic changes associated with neoplastic progression.
[Pediatr Dev Pathol.](#) 2010 Jul-Aug ; [13\(4\)](#): 310-7

- Adding H₂-receptor antagonists (H2RAs) at bedtime to high-dose proton pump inhibitors :NO ROLE. *Cochrane Database of Systematic Reviews* 2009, Issue 4. Art. No.: CD004275

- no clear evidence :cisapride reduces symptoms of GER. *Cochrane Database of Systematic Reviews* 2010, Issue 4. Art. No.: CD002300
- Pantoprazole: [J Clin Pharmacol](#). 2010 Sep 17
- cagA(+) and cagPAI competent strains are less prevalent. [Helicobacter](#). 2010 Sep ; [15 Suppl 1](#): 53-9
- thickened mucosa in the proximal and the distal part of the esophagus by EUS : EE [Scand J Gastroenterol](#). 2010 Sep ; [45\(9\)](#): 1029-35
- MII-pH is superior to pH monitoring alone in detecting GER [J Pediatr](#). 2010 Oct 28;
- Esmoprazole. [Ther Clin Risk Manag](#). 2010; [6](#): 531-7

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