

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



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Salivary Pepsin versus Oesophageal PH Metry as a Diagnostic Test for Laryngopharyngeal Reflux Disease

Thesis

Submitted for Partial Fulfillment of Master Degree in **Internal Medicine**

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Tist of Contents

Title Page No.
List of Tables5
List of Figures
List of Abbreviations Error! Bookmark not defined.
Introduction1 -
Aim of the Work
Review of Literature
■ Gastroesophageal Reflux Disease13
■ Laryngopharyngeal Reflux Disease42
■ Salivary Pepsin versus Oesophageal PH-Metry as Diagnostic Test for Laryngopharyngeal Reflux
Patients and Methods
Results
Discussion
Summary and Conclusion
Recommendations
References
Arabic Summary

Tist of Tables

Table No	. Title	Page No.
Table 1:	Most common procedure-related ricomplications associated with management of reflux disease	surgical
Table 2:	Reflux Symptom Index	49
Table 3:	Reflux finding score	49
Table 4:	Differential diagnoses of laryngoph reflux	
Table 5:	The positive effects of lifestyle modifi	cations 58
Table 6:	Socio-demographic data among patients:	
Table 7:	GIT clinical symptoms among patients:	
Table 8:	Laboratory data among 25 LPR patie	nts:81
Table 9:	Endoscopic and pH metry data as LPR patients:	_
Table 10:	Comparison between the 2 groups as socio-demographic data using Whitney's U and Chi square tests:	Mann-
Table 11:	Comparison between the 2 groups as laboratory data using Mann-Whit test:	ney's U
Table 12:	Comparison between the 2 groups as endoscopic and pH metry data usin Whitney's U and Chi square tests:	g Mann-
Table 13:	Multiple regression model for the affecting salivary Pepsin using method:	Forward

Tist of Tables cont...

Table No.	. Title	Page No.
Table 14:	Multiple regression model for the affecting pH metry (% Time pH < 4 Forward method:	4) using
Table 15:	Logistic regression model for the affecting LPR occurrence using method:	Forward
Table 16:	Roc-curve of salivary Pepsin vs pH n Time pH < 4) to diagnose patients with	•

Tist of Figures

Fig. No.	Title	Page No.
Figure 1: Figure 2:	Pathophysiologic mechanisms for GER Diagram of diagnostic and s management of gastroesophageal disease	surgical reflux
Figure 3:	Deployment and treatment or gastroesophageal junction with the System	f the
Figure 4:	Diagrammatic and anatomic illustration transoral fundoplication performed us	ion of a sing the
Figure 5:	Esophyx® device The evolution of publications laryngopharyngeal reflux during the process of the publications are processed as a second of the publication of publications.	about past six
Figure 6.	decades	
Figure 6: Figure 7:	Reflux symptom score	
8	of suspected or confirmed laryngopha reflux	ryngeal
Figure 8:	Oropharyngeal pH test	
Figure 9:	Restech pH probe	
Figure 10:	pH metry digital recorder	
Figure 11:	Gender among 25 LPR patients	78
Figure 12:	GIT clinical symptoms among 25 patients.	
Figure 13:	GERD grade among 25 LPR patients	
_	Comparison between the 2 groups as:	
8	salivary Pepsin	-
Figure 15:	Comparison between the 2 groups as	regards
	% Time pH < 4 (total)	88
Figure 16:	Comparison between the 2 groups as:	U
	laryngoscope abnormality	
Figure 17:	Comparison between the 2 groups as a GERD grade.	_
Figure 18:	Correlation between salivary Pepsin as	

Tist of Figures cont...

Fig. No.	Title	Page No.
Figure 19:	Correlation between salivary urea	-
Figure 20:	Correlation between salivary laryngoscope abnormality	Pepsin and
Figure 21:	Correlation between salivary Pemetry (% Time pH < 4)	•
Figure 22:	Correlation between pH metry (9 4) and Na	-
Figure 23:	Correlation between pH metry (94) and laryngoscope abnormality.	-
Figure 24:	ROC curve of Salivary Pepsin (LI	PR)97
Figure 25:	ROC curve of pH metry (% Ti	me $pH < 4$)
	(LPR)	98

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Introduction

aryngopharyngeal reflux (LPR) is the retrograde movement of gastric contents (acid and enzymes such as pepsin) into the laryngopharynx leading to symptoms referable to the larynx/hypopharynx.

Typical LPR symptoms include Intermittent dysphonia/hoarseness, mild cervical dysphagia, Globus pharynges, and chronic cough, (*Franco et al., 2015*). As well, chronic throat clearing, excessive throat mucus, sialorrhea, sensation of postnasal drainage, dysgeusia, halitosis and throat pain (*Belafsky, 2007*).

The pathogenesis of laryngopharyngeal diseases (LPRD) are multiple and include: a) motor abnormalities, such as impaired lower esophageal sphincter (LES) resting tone, transient LES relaxations (TLESR), impaired esophageal acid clearance and delayed gastric emptying; b) anatomical factors, such as hiatal hernia; c) visceral hypersensitivity; d) impaired mucosal resistance.

Esophageal pH monitoring is the current gold standard for diagnosis of laryngopharyngeal reflux, as normal ph is considered to be close to ph 7.0 intra oesophageal ph below 4.0 activate pepsin which is the main proteolytic enzyme of the gastric secretion.



Esophageal pH monitoring is performed for 24 or 48 hours using six standard components. Of these 6 parameters a pH score called Composite pH Score or DeMeester Score has been calculated, which is a global measure of esophageal acid exposure. A Demeester score > 14.72 indicates reflux.

- Components of 24-h Esophageal pH Monitoring
- Percent total time pH < 4
- Percent Upright time pH < 4
- Percent Supine time pH < 4
- Number of reflux episodes
- Number of reflux episodes ≥ 5 min
- Longest reflux episode (minutes)

According to recent studies, pepsin activity leads to depletion of the enzyme carbonic anhydrase III (CAIII), inhibiting the expression of protective protein mucin 2,3,5 A, 5B, Sep70 and Sep53 and E-cadherin all of which have a vital role in maintaining cellular integrity of the epithelium. Most recent researches stress the importance of the so-called nonacidic or low acidity reflux in the etiology of the LPRD. Acidity and pepsin are responsible for the development of laryngopharyngeal mucosal injury (Birtic et al., 2012).

Laryngeal mucosa is resistant to acidic material above pH 4. However, there are some studies showing that the presence of pepsin can damage the laryngeal tissue, even in mild acidic or alkaline environments (Ocak et al., 2015). At this point, pepsin draws the attention of clinicians, as a potential factor for damage of the mucosal tissues,.

AIM OF THE WORK

valuation of salivary pepsin as a non-invasive rapid test for diagnosis of laryngo-pharyngeal reflux versus oesophageal ph metry.