A 42-YEAR-OLD FEMALE WITH GASTROESOPHAGEAL REFLUX DISEASE

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ABSTRACT:
Gastroesophageal Reflux Disease is a gastrointestinal motility problem in which stomach contents frequently flow back into the esophagusand throat, causingproblems.GERD-related problems include burningsensations in the chest & stomach acid reflux into the oropharynx. PPIs medicationis used for managing GERD.Many people who affecting with GERD benefit from acid suppressant medication because it reduces problems and alleviates symptoms. The ability to detect and manage disease consequences has improved as diagnostic and therapeutic modalities have improved.
Patient Information: A 42-year-old female patient was admitted tothe medicine ward in AVBR hospital on date 06/02/2021 with a chief complaint of burning feeling in her chest,difficulty swallowing, soreand bitter test in her mouth, nausea, vomiting, fever, after doinga physical examination and all investigation she was diagnosed as gastroesophageal reflux disease. For that she was taking medicationcimetidine 400mg twice a day, Famotidine 20-40 twice in a day, Nizatidina acid 150 mg orally twice in a day, Ranitidine 150 mg two times a day.
Conclusion: all the treatment was taken and now she resolved slowly from symptoms.

Keywords: Gastroesophageal reflux disease, Regurgitation; Upper endoscopy, Acid suppression.

INTRODUCTION

Gastroesophageal Reflux Disease is a prevalent ailment, with prevalence rates ranging about 33% depending on ethnicity &geography. [1,2]it is a condition in which gastricacid frequently flows back into the esophagus, causing frequent or severe problems that impair one's quality of life or cause damage to the esophagus, throat, or respiratory system. [3,4]
Gastroesophageal Reflux Disease or chronic acid reflux is a disorder in which stomach acids reflux into the esophagus and mouth, producing heartburn and dental erosion.[3] It is the most common disease that affects one-third of the US population.[4]Reflux, on the other hand, is only deemed a disease if it causes frequent or severe symptoms, or if it results in harm. [5]
ANC women are more prone to develop GERD, and the elderly have a higher risk of complications.[6]It is linked to the development of esophageal carcinoma, making early detection and treatment even more critical. It is connected with extraesophageal symptoms.Regurgitation, or the movement of acidic stomach fluids into the mouth after a reflux episode, is the most relevant GERD problem from a dental standpoint. [7,8]
GERD is caused by a combination of variables including advanced age, increase Body Mass Index, smoking, depression, and decrease physical activity at work.[9]it can also be caused acidity, because of timing and volume of meals.Especially when it comes to sleep. Increase physical activity appears to be protective, except when done post-prandially. A combination of lifestyle changes, medication, and surgery can be used to treat it. In persons with

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GERD, decreasingweight andusing High Fowler's positionhave been shown to improve esophageal pH and GERD problems.[10]Esophagealdamage, peptic stricture, Barrett's esophagus, esophageal cancer, and respiratory illness are all its consequences. Esophageal carcinoma is expected to be more risk in older white males with a high BMI, and Barrett's esophagus screening is suggested in this group.[11]

Background

Incidence of Clinical Problems GERD is a prevalent condition. a recurrent, chronic illness with a high chance of death. [12,13] As a result, there is a risk of morbidity and mortality. Many patients self-diagnose and self-treat their illnesses. Others, on the other hand, do not seek medical help for their symptoms. [14,15]In India, the prevalence ranges from around 7.6% to 20%, according to studies showing a frequency of 10% or higher, and cohort studies showing a prevalence of 30% or more. Spices and non-vegetarian foods are among the dietary factors linked to GERD.[16] many patientsSuffer from a more serious illness due to esophageal injury Heartburn affects more than 60 million adult Americans at least once a month, with over 25 million experiencing it regularly. The National Ambulatory Medical Care Program (NAMCP) According to the National Adult Counting Survey (NAMCS), there are 38.53 million adults in the United States each year. GERD was the reason for the outpatient appointments. Reflux esophagitis affects 40-60% of people with GERD symptoms.[17] Up to 10% of these people will be diagnosed with cancer Upper endoscopy revealed erosive esophagitis. Up to 50% of people with non-cardiac chest discomfort have this condition. 78 percent of individuals with chronic hoarseness and 82 percent of patients with intermittent hoarseness Asthmatic patients.[18]

Patient information: A case of 42 years old female come to medicine OPD, inAVBR hospital on date 06/02/21 with chief complaints of burning feeling in her chest, Heartburn sour or bitter taste in her mouth, nausea, regurgitation,Weight loss vomiting for 10 days. after doing all investigation RBC is low 3.66m/cumm, Hb is normal 11.2, platelets count is low 1.19, WBC is normal 2600cumm and she was diagnosed as gastroesophageal reflux disease.

Primary concern and symptoms: -she was apparently alright 10 days before, then she developed burning feeling in her chest bitter test in mouth nausea, regurgitation, vomiting. For that, she came to AVBRH for further treatment. now she was admitted to medicineward, inAVBR hospital on date 06/02/21 after a physical examination and all investigation carried out and she was diagnosed with gastroesophageal reflux disease based on that doctor give the treatment such as are cimetidine 400twice in a day, Famotidine 40 twice in a day, Nizatidine acid 150 mg orally twice in day pantoprazole two times in a day.

Medical, family, and psychosocial history: the patient had a medical history of Gastro-Esophageal Reflux Disease before 2 months she was admitted for 8 days in a private hospital. She took treatment for that but not cure, now she was coming to AVBRH for further treatment of that. She belongs to a joint family. All family members are healthy except the patient. The patient looks anxious, depressed, and confused.

Physical examination and clinical finding: The patient is awake, cooperative, and well-oriented to time, place, and person during the physical examination. She was in pain, distress, anxious, acutely ill-looking, pale, dehydrated, no peripheral lymphadenopathy and afebrile& all vital parameters are normal and thin body built, hygiene is not maintained properly, fatty body built, the height of patient was 140cm and weight was 65 kg.

Timeline: she was admitted 8 days in the private hospital for the treatment of GERD 2 monthsbefore. Now she came to AVBRH with a complaint of burning feeling in her chest, sore and bitter test in her mouth, nausea, vomiting, and regurgitationfor 10 days.

Diagnostic Assessment: -Based on patient history, physical and chest examination, Blood investigations were also done, total RBC is low 3.66m/cumm, Hb is normal 11.2, total platelets count is low 1.19,total WBC is normal 2600cumm. Upper Gastrointestinal Endoscopy: Mild inflammation at GE junction.USG, X-ray, and ECG were done,

Diagnostic challenges: -No challenging during diagnostic evaluation

Diagnosis: - After physical examination and investigations doctor diagnosedGastroesophageal reflux disease

Prognosis: After getting treatment prognosis was satisfactory.

Therapeutic Interventions: -.Medical management was provided to the patient.The initial care of the patient, the bed head end is elevated for GERD control,administeredintravenous fluid to correct dehydration,The medicine prescribed iscimetidine800mg BD, Famotidine40 mg BD, Nizatidine acid 150 mg orally twice in day pantoprazoletwo times in a day.

Follow-up and outcomes: - after getting treatment patient's symptom was resolvedslowly.

Discussion:

A 42-year-old female patient was admitted to the AVBR hospital's medicine ward on February 6, 2021, with the chief complaint of heartburn, Dysphagia, sore & bitter taste in her mouth, nausea, vomiting& fever. She was

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diagnosed with gastroesophageal reflux disease after undergoing a physical examination and all investigations. She was taking medication for that. She had received all of the therapy and was now gradually recovering from her problems.[19]

According to the study, only a small percentage of patients improved their condition and decreased their PPIsneed, after 3 years, and a high number of patients required additional medication or laparoscopicevaluation. [20,21]

The study was to look into the frequencies of ERD and NERD recurrence as well as the risk variables associated with recurrence. After the use of PPI medication initial recovery within 4-8 weeks, patients complained of GERD problems requiring more medicine, which was classified as recurrence. The scientists discovered that the amount of time between dinner and bedtime was the most critical predictor in predicting GERD recurrence, with patients sleeping within 3 hours of eating having higher recurrence rates. [22,23]

Epigastric discomfort is found in 70 percent of patients with foregut symptoms and 12–67 percent of those with proven pathologic acid reflux, according to certain research. Because these other symptoms are significantly less common in our GERD patients; functional studies can assist confirm the condition if esophagitis is not present. Some studies show that GERD patients have a wide range of foregut symptoms, as well as many extraesophageal complaints like cough, hoarseness, and a burning feeling in the throat, mouth, and tongue, as defined by the Montreal criteria.[19]According to a review in 2006, only decreasedweight and High Fowler's positionreduced esophageal pH or GERD symptoms. [24,25]

Informed consent: - Before taking this case, information was given to the patient and theirs and informed consent was obtained from the patient and her father

Conclusion: -GERD is a common clinical illness that can result in significant morbidity and reduced quality of life. Early detection of GERD symptoms is critical for avoiding consequences.Treatment includes lifestyle adjustments and the treatment of acid suppression. In this case,the patient has GERD after taking treatment patient's condition was improved.

Conflict of Interest: No conflict of interest.

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