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It's Just Heartburn,

What's the Big Deal?

Many of us are familiar with a burning discomfort behind the breastbone; a sense of indigestion especially after large spicy meals or during pregnancy. An occasional antacid is often all that's needed to neutralize the stomach acidity that has refluxed, or backed up, into the esophagus on those occasions. For these occasional heartburn symptoms, antacids like Pepcid, Zantac, and Tagamet can be helpful. Fatty foods, chocolate, alcohol, citrus products, tomato sauces, garlic and mints are frequent offenders that can be minimized. Hiatal hernia, excessive weight, lying down after eating, and the hormones of pregnancy can make it easier for reflux to occur.

Repeated exposure of the esophageal lining to this refluxed stomach acid can lead to serious complications. Chronic reflux can cause ulcers in the esophagus (erosive esophagitis), scar formation with the development of difficulty swallowing due to narrowing of the esophagus (esophageal stricture), and a change of the type of cell which normally lines the esophagus (Barrett's esophagus) can all result. Barrett's esophagus is of special concern as it is associated with an increased risk of developing esophageal cancer. The type of esophageal cancer (adenocarcinoma) associated with reflux and Barrett's change is increasing in frequency in the USA.

More potent gastric acid suppression can be obtained from "proton pump inhibitors" like Prilosec (now available over the counter), Prevacid, Nexium, Aciphex, Protonix and Zegerid. These drugs are more appropriate in the patient with chronic symptoms, more than twice a week, and are classified as suffering from GERD (Gastro Esophageal Reflux Disease). These patients are at increased risk for the development of complications and should ideally be evaluated to assess for esophageal damage and especially Barrett's change.

Barrett's esophagus develops in less than 10% of all GERD patients, but is important because it is associated with a higher risk of

developing esophageal cancer. Fortunately, however, that complication occurs in less than 1% of those with the condition annually.

The accurate diagnosis of Barrett's esophagus requires a direct examination of the esophagus with an endoscope and biopsy. If Barrett's esophagus is found, periodic repeat examinations 1-3 years are recommended to check for precancerous changes in these altered cells (known as "dysplasia") to allow for early detection and even prevention of an esophageal cancer.

If you suffer from heartburn, see your doctor. It might be a sign of a more serious condition.