

# Medicine Hx- Gastrointestinal System

## History of “Heartburn”

### A. Overview:

GORD is common, and is said to exist when reflux of stomach contents (acid  $\pm$  bile) causes troublesome symptoms ( $\geq 2$  heartburn episodes/wk) and/or complications. If reflux is prolonged, it may cause oesophagitis, benign oesophageal stricture or Barrett’s oesophagus.

**Causes:** lower oesophageal sphincter hypotension, hiatus hernia, loss of oesophageal peristaltic function, abdominal obesity, gastric acid hypersecretion, slow gastric emptying, overeating, smoking, alcohol, pregnancy, surgery in achalasia, drugs (tricyclics, anticholinergics, nitrates), systemic sclerosis.

### Symptoms:

1. Heartburn (burning, retrosternal discomfort after meals, lying, stooping or straining, relieved by antacids)
2. Belching; acid brash (acid or bile regurgitation)
3. Waterbrash (Increased salivation: “My mouth fills with saliva”)
4. Odynophagia (painful swallowing, eg from oesophagitis or ulceration).
5. Extra-oesophageal: Nocturnal asthma, chronic cough, laryngitis (hoarseness, throat clearing), sinusitis. (From Oxford Handbook Of Clinical Medicine p244)

### Don’t confuse between acid regurgitation and waterbrash:

-Acid regurgitation: the patient experiences a sour or bitter tasting fluid coming up into the mouth. This symptom strongly suggests that the reflux is occurring.

-Waterbrash: excessive secretion of saliva into the mouth may occur, uncommonly, in patients with peptic ulcer disease or oesophagitis. The patient experience tasteless or salty fluid his mouth.

### B. Differential diagnosis:

DDx	What support this diagnosis?
<b>Cardiovascular system</b>	
<b>Angina</b>	<p><b>Risk factors:</b> smoking, hyperlipidemia, HTN, obesity, family history</p> <p><b>Symptoms:</b> can present with chest or epigastric pain, nausea, dyspnea, nausea and vomiting if the pain is severe.</p> <p><b>Complication:</b> HF, arrhythmias, VHD</p>
<b>Gastrointestinal system</b>	
<b>Peptic ulcer</b>	<p><b>Risk factors:</b> H pylori infection, NSAIDs, excessive gastric acid secretion, stress</p> <p><b>Symptoms:</b> dull burning epigastric pain, hematemesis</p> <p><b>Complication:</b> Perforation, obstruction, malignancy (More common in gastric ulcers)</p>
<b>Achalasia</b>	<p>Due to autoimmune, familial or viral cause</p> <p><b>Symptoms:</b> dysphagia to solids and liquids, regurgitation, chest pain, heartburn.</p> <p><b>Complication:</b> aspiration pneumonia, esophagitis, esophageal cancer, weight loss</p>
<b>Cholelithiasis</b>	<p><b>Risk factors:</b> More in females, people on high fat diet, family history, history of stones (ask the patient if he has been previously diagnosed with stones)</p> <p><b>Symptoms:</b> colicky epigastric pain, fatty food intolerance</p> <p><b>Complication:</b> Cholecystitis, obstructive jaundice, cholangitis</p>

### C. Questions to Ask the Patient with abdominal pain.

Questions	What you think about ... !
<b>Site</b>	
Where do you feel the pain? (Ask the patient to point at the site)	Burning retrosternal pain strongly suggest GERD
<b>Onset</b>	
Gradual or sudden/constant or intermittent	
<b>Character of pain or discomfort</b>	
What is the pain like? Can you describe it for me? E.g. sharp, burning, tightening.	
<b>Radiation Duration</b>	
Do you feel the pain anywhere else; does it move towards any other site?	If it radiates across your chest down your left arm or into your jaw (suggests myocardial infarction)
<b>Associated symptoms</b>	
Do you experience a sour/bitter fluid tasting in your mouth?	Acid regurgitation
Have you experienced the sudden appearance of a salty tasting or tasteless fluid in your mouth?	Waterbrash not GERD
Dyspepsia	Many people with acid reflux disease also have a syndrome called dyspepsia. Symptoms of dyspepsia include: Burping, nausea after eating, stomach fullness or bloating, upper abdominal pain and discomfort

Have you been troubled by a cough when you lie down?	Nocturnal asthma
Did you noticed any changes in your voice?	Hoarseness (As GERD can cause laryngitis)
have you noticed any changes in your weight?	If yes, ask about the amount, duration, diet, and exercising. (Might indicate cancer)
Have you had trouble swallowing ?	Heartburn can present with achalasia
Have you had painful swallowing?	Odynophagia: as it can complicate esophagitis caused by chronic GERD
<b>Time (Frequency and duration)</b>	
Does it follow any time patter (Diurnal, nocturnal)	
How many times a day? A week?	More than once a week is suggestive for GERD
How long does it last?	
<b>Exacerbating/relieving factors</b>	
Is the pain relived by antacids drugs or drinking milk?	The pain will be relieved by drinking milk for a short time but it will make the pain worse after.
Is taking of those will make the pain better or worse?	Chocolate, alcohol, a fatty meal, citrus fruit, coffee may aggravate GERD symptoms. Medications like, Theophylline, calcium channel blockers and anti-cholinergic drugs lower LES pressure and worsen the symptoms.
Does your heartburn occur after meals or when you lean forwards or lie flat in bed?	
<b>Severity</b>	
On a scale from 1-10	
Does it awake you at night?	

#### D. Review of symptoms related to the system of interest.

Major symptoms	
Mouth: Dryness/Ulcers/Waterbrash/Taste/Dental problems	Fever
Abdominal: pain/distention/balloting/	Lethargy
Change in bowel habits: diarrhea/constipation (color, mucus, blood)	Dysphagia/Odynophagia
Nausea/vomiting	Appetite/Weight loss
Fecal Incontinence	Skin: Jaundice, pruritis
Bleeding: hematemesis, rectal bleeding, melena	Dark urine

#### E. Systemic review. Go to Medicine – Hx – “General” topic!

**432 OSCE TEAM**

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