

How acid reflux affects the throat

This condition affects many people and causes damage to the structures in and near the throat. Preventing it requires an understanding of what causes it and what helps.

By Dr A B John, Ear Nose & Throat Surgeon

What is reflux?

When we eat, chew and swallow, food reaches our stomach by going down a muscular gullet or eosophagus that connects the back of our throat to the stomach. Food in the stomach is mixed with acid and digestive enzymes, produced by the lining of our stomach.

The gullet or eosophagus has two sphincters, or bands of muscle fibres that close off the muscular tube. These keep the stomach contents within the stomach where they belong. One sphincter is at the top of the eosophagus (at the junction with the back of your throat) and one is at the bottom of the esophagus (at the junction with the stomach).

The term "reflux" means the backward or return flow of contents, through the sphincters and into the lower esophagus from the stomach or into the throat via the esophagus.

What are GERD and LPRD?

When abnormal amounts of reflux of stomach contents come up through the lower sphincter and into the eosophagus, it is called GERD or Gastroeosophageal Reflux Disease.

If the reflux makes it all the way up through the upper sphincter and into the back of the throat, it is called LPRD or Laryngopharyngeal Reflux Disease.



The structures in/near the throat (pharynx, larynx, trachea and lungs) are more sensitive to stomach acid and digestive enzymes, so even very small amounts of reflux here can result in damage.

Why don't I have heartburn or stomach problems?

Very few patients with LPRD experience significant heartburn, which occurs when the tissue in the eosophagus becomes irritated from acid reflux. Most of the reflux events that damage the throat happen without the patient even knowing that it is occurring.

Common symptoms of LPRD

The common symptoms are hoarseness, chronic cough, frequent throat clearing, pain or discomfort in the throat, feeling of a lump in the throat, problems swallowing, a bad or bitter taste on waking up, shortness of breath, referred ear pain and phlegm in the throat. A doctor finding the following symptoms while doing a voice box examination will diagnose LPRD:

- 1. Red irritated arytenoid (structure at the back of the vocal fold) or larynx (voice box)
- 3. Small laryngeal ulcers
- 4. Swelling of the vocal folds
- 5. Granuloma in the larynx
- 6. Thick mucus from the voice box

How to reduce LPRD?

- Stress Make time for stress-reducing activities.
- **Food** Notice how your body reacts to various foods and know which ones cause reflux. These include spicy/acidic/tomato-based foods; acidic fruits/ juices; fast food/fatty foods; caffeinated beverages and chocolate.
- **Mealtimes** Eat in moderation, have your last meal three hours before bedtime, avoid bedtime snacks and don't exercise right after eating.
- Weight Excess weight can increase reflux.
- Night reflux Elevate the head of your bed by four to six inches to achieve a 10-degree slant.
- Clothing Avoid tight belts and restrictive clothing.
- Smoking Stop because it causes reflux.

What are the medications for LPRD?

Over-the-counter antacids such as Gaviscon or Mylanta are helpful if taken correctly, while H2 blockers like Zantac or Tagamet, and Proton Pump Inhibitors such as Nexium, Controloc or Pariet, may be prescribed.



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