

PHARYNGEAL AND HYPOPHARYNGEAL CHANGINGS IN PATIENTS WITH GASTROESOPHAGEAL REFLUX

Sorin A. BASCHIR, Radmila BUGARI

Arad ENT Clinic

“Vasile Goldis” Western University Arad, România

ABSTRACT. The **hypothesis** of this study consists in demonstrating based on statistic data, if the patients' anxiety and the frequency of dysfunctional thoughts can be decreased with psychotherapeutic interventions and the observation of influences on arterial tension values as well as the influence on the C-reactive protein. **Methods:** The test specimen includes 89 patients with collagen illnesses associated with specific cardiovascular illnesses. The patients were recruited from the Internal Medicine department of the Emergency County Hospital Reșița, diagnosed with collagenosis (PR, SA, LED, DM, Sdr. Sjogren) associated with specific cardiovascular illnesses (HTA, FA, BRD, BRS, Angina pectorala, IM). Our test specimen included 33 patients with collagen illnesses and related cardiovascular illnesses that are exposed to psychological questionnaires (ATQ and HARS), coming from urban and also rural areas, with ages from 24 to 70, among which 15 are males and 18 are females (fig. 1b). All the patients agreed to participate in this study and all of them gave their approval. The study and the application of evidence had in its vision obedience of the ethical norms and professional ontology. **Results:** the influence of psychic factors on collagen illnesses associated with cardiovascular illnesses. **Conclusions:** On the studied group it was observed that most of the people with collagen illnesses are also affected by cardiovascular diseases that, as a result from clinical and paraclinical tests, are estimated to be a risk factor for the studied patients and also through psychological interventions we can identify the neurotic patients' psychological pattern.

Keywords: psychic factors, cardiovascular illnesses, collagen illnesses, psychological questionnaires.

Objectives of the study:

- 1 Determination of signs and symptoms of the larynx and hypopharynx in patients with gastroesophageal reflux confirmed.
- 2 Setting incidence of gastroesophageal reflux in patients with chronic pharyngitis and laryngitis chronic
- 3 Incidence of Helicobacter pilory infection in patients with reflux pharyngolaryngeal.

INTRODUCTION

Since 1960 it was recognized the association between gastroesophageal reflux and laryngeal changes in adults. Signs and symptoms associated with gastroesophageal reflux have resulted in "pharyngolaryngeal reflux". Symptoms include chronic dysphonia, sore throat, heartburn, cough, globus, dysphagia. In the West, a prevalence of 35-40% of gastroesophageal reflux, the potential number of patients with pharyngolaryngeal reflux can be considerable. It is long known about the gastric acid detrimental effect on the larynx tissue, which results in: ulcers, granulations of the vocal cords. More recently it is considered that patients with chronic reflux, show in the interaritenoidian area an increase in inflammation of the posterior glottis, posterior commissure hypertrophy and grit in more severe cases. Edema and erythema may be considered the most common signs associated with reflux.

Recent comparative studies between rigid and flexible endoscopy showed lack of specificity for the diagnosis of " pharyngolaryngeal reflux " in patients with gastroesophageal reflux.

Helicobacter pilory infection presence is proven in some cases of reflux esophagitis and leading to possible association with pharyngolaryngeal reflux.

MATERIALS AND METHODS

We studied a total of 22 patients with gastroesophageal reflux disease confirmed by Gastroenterology and 28 patients with confirmed chronic faringolaringite.

Patients were nonsmokers, aged between 19 and 55 years, 32 men and 18 women. Patients who had otorhino-throat pathology associated (ear, rinosinusală, allergies, exposed to occupational hazards) were excluded.

Subjects were questioned about symptoms of throat (cough, dysphonia, hemaj, tics throat, dysphagia, odynophagia) and the reflux symptoms: globus heartburn, noncardiac chest pain, bitter taste, dysphagia, eructation.

Esophagoscopy confirmed reflux oesophagitis hereby (Savary Miller classification) in gastroenterology service.

Pharyngolaryngeal endoscopy was performed after local anesthesia with lidocaine 10% spray to observe the posterior pharyngeal wall, interaritenoidian, rear

corners, rear wall cricoidian, aritenoids, vocal cords, ventricular bands. Pursued lesions were edema, erythema, granulation of vocal apophysis, interaritenoid pachydermya, interaritenoid edema, pseudosulcus, inflammation of the posterior wall.

All patients were tested for *Helicobacter pilory*.

RESULTS

Of the 22 patients with confirmed esophageal reflux disease 13 (59%) have revealed pharyngolaryngeal signs and 10 (45.45%) patients were *Helicobacter Pilory* positive.

CONCLUSIONS

Relatively high percentage of pharyngolaryngeal manifestations in patients with gastroesophageal reflux disease allow their classification in general clinical condition. Attention is increased on the incidence of *Helicobacter pilory* infection in patients with gastroesophageal reflux and pharyngolaryngeal reflux which requires inclusion in specific antibiotic treatment.

The most representative endoscopic manifestations of the gastroesophageal reflux and pharyngolaryngeal reflux are the ones of the aritenoidian complex (aritenoidian medial wall erythema, erythema apex), pseudosulcus, vocal cord edema.

Incidence and specificity of these signs varies depending on the endoscopic technique used, flexible or rigid .

Belaisky finds 2.5 times more patients with pseudosulcus to the pharyngolaryngeal reflux documented by pH and says that this pseudosulcusului is suggestive for the diagnosis. Comparative studies have shown that flexible endoscopy is more sensitive but less specific. Again this attention *Helicobacter* infection in patients with pharyngolaryngeal reflux.

Given that chronic pharyngitis therapy is rarely satisfactory, suggested to account for the possibility of coexistence with reflux the *Helicobacter pilory* infection.

Finally we mention that the study is ongoing and will subsequently communicated results and that we consider very important for the good of way and for diagnostic and therapeutic ideal attitude, a good collaboration with colleagues gastro- enterologist, a multidisciplinary approach to cases .

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Of the 28 patients with pharyngolaryngitis, 8 (28.57%) were confirmed with gastroesophageal reflux and 12 (42.86%) were found with *Helicobacter pilory*

At the 21 patients with pharyngolaryngeal reflux the most common endoscopic signs associated with pharyngolaryngeal reflux were 16 patients (76%) aritenoidian complex, 3 patients (16%) erythema vocal apophysis, 15 patients (72%) medial wall erythema, erythema posterior commissure 9 patients (42%); pseudosulcus 7 patients (37%) interaritenoid pachydermy 3 patients 3 (16%) posterior pharyngeal wall 2 patients (10%), changes in posterior wall cricoidian 2 patients (10%).

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