

Laryngopharyngeal reflux COPD to uncover reflux and columnar lined esophagus

Ivan Kristo
Martin Riegler
Sebastian F Schoppmann

Upper-GI-Service, Gastroesophageal Tumor Unit, Department of Surgery, Comprehensive Cancer Center, Medical University of Vienna, Vienna, Austria

Dear editor

With interest we read the article by Jung et al¹ published in the recent issue of the *International Journal of Chronic Obstructive Pulmonary Disease*. An important finding of the study was the positive correlation between symptoms of gastroesophageal reflux disease (GERD), endoscopic signs for laryngopharyngeal reflux (LPR), and COPD.¹ COPD represents an increasing health burden.^{2,3} Owing to the symptoms, COPD impairs the productivity and life quality of those affected.^{2,3} Frequently, COPD requires chronic administration of cortisone therapy, which itself produces side effects impairing well being.^{4,5} The finding that COPD associates with LPR and GERD opens the trail for additional diagnostic and therapeutic considerations.

If GERD is suspected, one may want to define the amount, characteristics, and components of GERD. Thus, endoscopy and histopathology of esophageal biopsies help to assess the morphologic manifestation of GERD, ie, hiatal hernia, esophagitis, and columnar lined esophagus in the distal or proximal portion of the esophagus.⁶ Presence of Barrett's esophagus defines increased cancer risk and may be managed by surveillance or, in cases of increased cancer risk (dysplasia), by elimination of Barrett's esophagus tissue by endoscopic radiofrequency ablation (\pm endoscopic mucosal resection).⁶ Furthermore, esophageal manometry and reflux monitoring characterize reflux, that causes symptoms, ie, aggravates COPD and LPR.^{5,6} In summary, the orchestration of diagnostic findings offers the path for a tailored therapy, ie, medical, nutrition or, in cases of advanced GERD, resolution of reflux by laparoscopic anti reflux surgery.^{5,6} Going in line with the considerations of Jung et al¹ we think that LPR-positive COPD patients should be offered the above algorithm to attenuate the progression of the disease and the need for cortisone therapy.^{2,4} We kindly ask the authors to address the above suggestions.

Disclosure

The authors report no conflicts of interest in this communication.

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Correspondence: Sebastian F Schoppmann
Upper-GI-Service, Gastroesophageal Tumor Unit, Department of Surgery, Comprehensive Cancer Center, Medical University of Vienna, Währinger Gürtel 18-20, 1090 Vienna, Austria
Tel +43 | 4 0400 5621
Fax +43 | 4 0400 5641
Email sebastian.schoppmann@meduniwien.ac.at

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