

characterized by repetitive stretching and arching of the head and neck that can be mistaken for a seizure. This maneuver likely represents a physiologic neuromuscular response attempting to prevent acid refluxate from reaching the upper portion of the esophagus (Goldani, Nunes, and Ferreira, 2012).

Infants who are prone to develop GER include preterm infants and infants with bronchopulmonary dysplasia. Children who have had tracheoesophageal or esophageal atresia repairs, neurologic disorders, scoliosis, asthma, cystic fibrosis, or cerebral palsy are also prone to developing GER. The clinical manifestations of GER are listed in Box 22-2.

Box 22-2

Clinical Manifestations and Complications of Gastroesophageal Reflux

Symptoms in Infants

Spitting up, regurgitation, vomiting (may be forceful)

Excessive crying, irritability, arching of the back with neck extension, stiffening

Weight loss, failure to thrive

Respiratory problems (cough, wheeze, stridor, gagging, choking with feedings)

Hematemesis

Apnea or apparent life-threatening event

Symptoms in Children

Heartburn

Abdominal pain

Noncardiac chest pain