

Chronic cough

Dysphagia

Nocturnal asthma

Recurrent pneumonia

## Complications

Esophagitis

Esophageal stricture

Laryngitis

Recurrent pneumonia

Anemia

Barrett esophagus

Adapted from Rudolph CD, Mazur LJ, Liptak GS, et al: Guidelines for evaluation and treatment of gastroesophageal reflux in infants and children: recommendations of the North American Society for Pediatric Gastroenterology and Nutrition, *J Pediatr Gastroenterol Nutr* 32(Suppl 2):S1–S31, 2001.

## Pathophysiology

Although the pathogenesis of GER is multifactorial, its primary causative mechanism likely involves inappropriate transient relaxation of the lower esophageal sphincter (LES). Factors that increase abdominal pressure (such as coughing and sneezing, scoliosis, and overeating) may contribute to GER. Esophageal symptoms are caused by inflammation from the acid in the gastric refluxate, whereas reactive airway disease may result from stimulation of airway reflexes by the acid refluxate.

## Diagnostic Evaluation

The history and physical examination are usually sufficiently reliable to establish the diagnosis of GER. However, the upper GI series is helpful in evaluating the presence of anatomic