

# Electronic Medical Record (EMR) Summary

Patient ID: PID86987672

Name: Omar Abdullah

Age: 50, Sex: Male

Visit ID: VISIT39753764

Date: 2025-05-17 14:53

## Clinical Reasoning Summary

### **\*\*Definition & Key Concerns\*\***

This patient likely has gastroesophageal reflux disease (GERD), a condition characterized by the reflux of gastric contents into the esophagus, causing symptoms such as heartburn and regurgitation. Key concerns include the chronicity of symptoms, the patient's overweight status, and the frequency of over-the-counter antacid use.

### **\*\*Differential Diagnosis\*\***

1. **\*\*Gastroesophageal reflux disease (GERD)\*\***: The patient's symptoms of burning epigastric pain that worsens after meals and when lying down, along with frequent use of antacids, are classic for GERD.
2. **\*\*Peptic ulcer disease (PUD)\*\***: This condition can also cause burning epigastric pain. However, pain from PUD is often relieved by eating, which is not the case in this patient.
3. **\*\*Gastritis\*\***: This can cause similar symptoms, but it is less likely given the specific exacerbating factors (meals, lying down).

### **\*\*Can't-Miss Diagnosis\*\***

While GERD is the most likely diagnosis, it's important to rule out other serious conditions like peptic ulcer disease, gastritis, and even gastric cancer, especially if symptoms persist despite treatment.

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## **\*\*Suggested Investigations\*\***

1. **\*\*Upper endoscopy\*\***: If symptoms persist despite lifestyle modifications and medical therapy, or if alarm symptoms develop (e.g., weight loss, anemia, dysphagia, recurrent vomiting), an upper endoscopy should be considered.
2. **\*\*H. pylori testing\*\***: This can be considered as H. pylori infection is a risk factor for peptic ulcer disease and gastritis.

## **\*\*Management Plan\*\***

1. **\*\*Lifestyle modifications\*\***: These include weight loss, avoiding late-night meals, elevating the head of the bed, and avoiding specific foods that may exacerbate symptoms (e.g., fatty foods, caffeine, alcohol, chocolate).
2. **\*\*Medical therapy\*\***: If lifestyle modifications are insufficient, a trial of a proton pump inhibitor (PPI) such as omeprazole (20-40 mg daily) can be initiated.

## **\*\*Reference Insight\*\***

According to UpToDate 2023, lifestyle modifications are the first step in managing GERD. If symptoms persist despite these changes, a trial of a PPI is recommended. Upper endoscopy is reserved for patients with alarm symptoms or those who fail to respond to treatment. H. pylori testing can be considered in patients with symptoms suggestive of peptic ulcer disease or gastritis.

## **Rare Disease Alerts**

None triggered

## **Prescription**

None provided