



[Home](#) → [Medical Encyclopedia](#) → Gastroesophageal reflux disease - children

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## Gastroesophageal reflux disease - children

Gastroesophageal reflux (GER) occurs when the stomach contents leak backwards from the stomach into the esophagus (the tube from the mouth to the stomach). This is also called reflux. GER can irritate the esophagus and cause heartburn.

Gastroesophageal reflux disease (GERD) is a long-lasting problem where reflux occurs often. It may cause more severe symptoms.

This article is about GERD in children. It is a common problem in children of all ages.

### Causes

When we eat, food passes from the throat to the stomach through the esophagus. A ring of muscle fibers in the lower esophagus (lower esophageal sphincter) prevents swallowed food from moving back up.

When this ring of muscle does not close all the way, stomach contents can leak back into the esophagus. This is called reflux or gastroesophageal reflux.

In infants, this ring of muscles has not fully developed, and this can allow reflux. This is why babies often spit up after feeding. Reflux in infants goes away once this muscle develops, often by age 1 year.

When symptoms continue or become worse, it may be a sign of GERD.

Certain factors can lead to GERD in children, including:

- Birth defects, such as hiatal hernia, a condition in which part of the stomach extends through an opening of the diaphragm into the chest. The diaphragm is the muscle that separates the chest from the abdomen.
- Obesity.
- Certain medicines, such as some medicines used for asthma.
- Secondhand smoke.
- Surgery of the upper abdomen.
- Brain disorders, such as cerebral palsy.
- Genetics -- GERD tends to run in families.

# Symptoms

Common symptoms of GERD in children and teens include:

- Nausea, bringing food back up (regurgitation), or perhaps vomiting.
- Reflux and heartburn. Younger children may not be able to pinpoint the pain as well and instead describe widespread belly or chest pain.
- Choking, chronic cough, or wheezing.
- Hiccups or burps.
- Not wanting to eat, eating only a small amount, or avoiding certain foods.
- Weight loss or not gaining weight.
- Feeling that food is stuck behind the breastbone or pain with swallowing.
- Hoarseness or a change in voice.

## Exams and Tests

Your child may not need any tests if the symptoms are mild.

A test called a barium swallow or upper GI may be performed to confirm the diagnosis. In this test, your child will swallow a chalky substance to highlight the esophagus, stomach, and upper part of his small intestine. It can show if liquid is backing up from the stomach into the esophagus or if anything is blocking or narrowing these areas.

If the symptoms do not improve, or they come back after the child has been treated with medicines, the health care provider may recommend a test. One test is called an upper endoscopy (EGD). The test:

- Is done with a small camera (flexible endoscope) that is inserted down the throat
- Examines the lining of the esophagus, stomach, and first part of the small intestine

The provider may also recommend tests to:

- Measure how often stomach acid enters esophagus
- Measure the pressure inside the lower part of the esophagus

## Treatment

Lifestyle changes can often help treat GERD successfully. They are more likely to work for children with milder symptoms or symptoms that do not occur often.

Lifestyle changes mainly include:

- Losing weight, if overweight
- Wearing clothes that are loose around the waist
- Sleeping with the head of the bed slightly raised, for children with nighttime symptoms
- Not lying down for 3 hours after eating

The following diet changes may help if a food appears to be causing symptoms:

- Avoiding food with too much sugar or foods that are very spicy
- Avoiding chocolate, peppermint, or drinks with caffeine
- Avoiding acidic drinks such as colas or orange juice
- Eating smaller meals more often throughout the day

Talk with your child's provider before limiting fats. The benefit of reducing fats in children is not as well proven. It's vital to make sure children have the proper nutrients for healthy growth.

Parents or caretakers who smoke should quit smoking. Never smoke around children. Secondhand smoke can cause GERD in children.

If your child's provider says it's OK to do so, you can give your child over-the-counter (OTC) acid suppressors. They help reduce the amount of acid produced by the stomach. These medicines work slowly, but relieve the symptoms for a longer period. They include:

- Proton pump inhibitors
- H<sub>2</sub> blockers

Your child's provider may also suggest using antacids along with other medicines. Do not give your child any of these medicines without first checking with the provider.

If these treatment methods fail to manage symptoms, anti-reflux surgery may be an option for children with severe symptoms. For example, surgery may be considered in children who develop breathing problems.

Talk with your child's provider about what options may be best for your child.

## **Outlook (Prognosis)**

Most children respond well to treatment and to lifestyle changes. However, many children need to continue taking medicines to control their symptoms.

Children with GERD are more likely to have problems with reflux and heartburn as adults.

## **Possible Complications**

Complications of GERD in children may include:

- Asthma that might get worse
- Damage to the lining of the esophagus, which may cause scarring and narrowing
- Ulcer in the esophagus (rare)

## **When to Contact a Medical Professional**

Contact your child's provider if symptoms do not improve with lifestyle changes. Also contact the provider if the child has these symptoms:

- Bleeding
- Choking (coughing, shortness of breath)

- Feeling full quickly when eating
- Frequent vomiting
- Hoarseness
- Loss of appetite
- Trouble swallowing or pain with swallowing
- Weight loss

## Prevention

You can help reduce risk factors for GERD in children by taking these steps:

- Help your child stay at a healthy weight with a healthy diet and regular exercise.
- Never smoke around your child. Keep a smoke-free home and car. If you smoke, quit.

## Alternative Names

Peptic esophagitis - children; Reflux esophagitis - children; GERD - children; Heartburn - chronic - children; Dyspepsia - GERD - children

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Updated by: Charles I. Schwartz, MD, FAAP, Clinical Assistant Professor of Pediatrics, Perelman School of Medicine at the University of Pennsylvania, General Pediatrician at PennCare for Kids, Phoenixville, PA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

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