

Established Patient Visit

Date of Visit: September 8, 2025

Gender: Female | **Age:** 65

History of Present Illness

The patient is a 65-year-old female presenting with **gastroesophageal reflux disease (GERD)**. She reports a sensation of something stuck in her throat and burning that affects her sinuses. Symptoms persist despite use of **pantoprazole**, which she was advised to reduce due to **osteoporosis**. She alternates **pantoprazole** with **famotidine**, which was recommended previously. Pantoprazole has been most effective but is used every other day because of bone health concerns. She suspects **amlodipine** (for hypertension) worsens reflux, especially after spicy foods, which trigger severe sore throat resembling strep.

Past interventions include **esophageal dilations** (last in 2021), which provided temporary relief. She is interested in reducing medication use and has been counseled about surgical options (fundoplication, magnetic bracelet device). A new medication, **vonoprazan (Voquezna)**, was also discussed.

Past Medical History

- GERD
- Hypertension
- Osteoporosis

Medications

- Acid reducer (famotidine)
- Pantoprazole 40 mg every other day (discontinued per plan)
- Voquezna 20 mg daily (new prescription, 8-week course)
- Estradiol vaginal cream
- Prolia injections twice yearly

Surgical History

- Hysterectomy (~30 years ago)
- Multiple esophageal dilations (most recent 2021)

Review of Systems

- **ENT:** Hoarseness, sore throat, sinus issues, frequent throat clearing
- **GI:** Heartburn/reflux, trouble swallowing
- **GU:** Frequency, nocturia

- **CV:** Hypertension
- **Endocrine:** Polyuria

Vital Signs

- BP: ~144/72 mmHg
- Pulse: ~80 bpm, regular
- Temp: ~98.4–98.7 °F
- Height: 5'4"
- Weight: ~101 lb
- BMI: ~17

Diagnostics

- **Colonoscopy (2020):** Normal
- **EGD (2021):** Esophageal dilation performed
- **EGD (2025):** Grade B esophagitis in lower esophagus; gastroesophageal junction at 39 cm; no rings/strictures/webs; diffuse erythema and erosions in antrum (biopsied); normal duodenum; Biopsies from stomach body and antrum (rule out H. pylori)

Assessment

- GERD (K21.9)
- Dysphagia (R13.10)
- Esophagitis, unspecified without bleeding (K20.90)
- Other esophagitis without bleeding (K20.80)

Plan

- Proceed with EGD (completed)
- Patient cleared for procedure (low perioperative risk)
- Stop pantoprazole and famotidine
- Start **Viomezna 20 mg daily x 8 weeks**
- Anti-reflux diet and lifestyle counseling provided