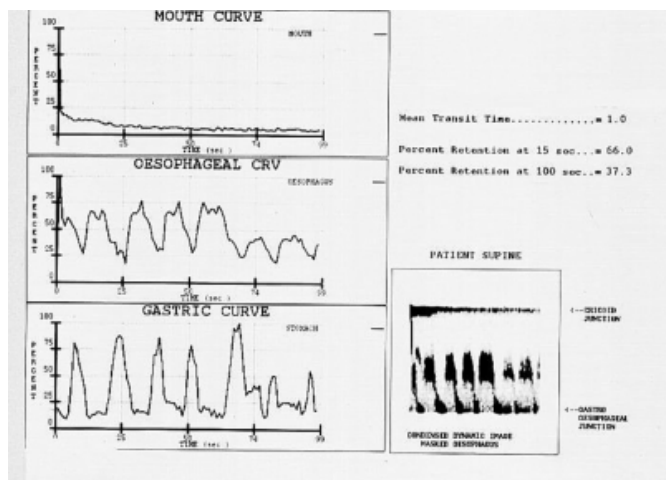


Figure 2

Figure 2



Subsequent endoscopy performed about 1 week after the esophageal transit study confirmed moderate distal esophagitis with some evidence of columnar epithelial cells suggesting early dysplasia. The case demonstrates the utility of esophageal transit scintigraphy in the investigation of patients with symptoms suggestive of GERD

DISCUSSION

Endoscopic evaluation with monometry and pH monitoring has been the mainstay of diagnosis for GERD, however scintigraphic evaluation of gastro-esophageal motility is playing an increasing role. Numerous investigators have reported abnormally delayed gastric emptying, in particular of solid meals, in patients with endoscopic evidence of reflux esophagitis (3,4,5). Others have reported the effectiveness of prokinetic in acute and maintenance management of GERD (6). The usefulness of gastro-esophageal motility scintigraphy in diabetics is further exemplified by studies demonstrating that gastric emptying maybe delayed in upto 50% of patients with diabetes while esophageal transit studies have been useful in the detection of asymptomatic autonomic neuropathy (7,8).

Body positioning has been shown to influence post prandial and fasting gastro-esophageal reflux in symptomatic patients and in normal volunteers (9). Gastro-esophageal reflux may occur in the standing position, supine posture or both. In normal volunteers there is no definite pattern however in patients with gastro-esophageal dysmotility there is an increase prevalence of reflux in the supine posture (10,11).

Esophageal transit is used mainly in the assessment of motility disorders. The technique employing multiple swallows, as opposed to a single swallow, is now well established (12). Usual analysis involves a review of both the esophageal time activity curve as well as condensed dynamic images. Our study demonstrates that evaluation of CDI and time activity curves can give an accurate assessment of gastro-esophageal reflux in both postures and represents a non-invasive method in the developing diagnostic algorithm for patients with symptoms of GERD.

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