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FOCUS ON GASTROESOPHAGEAL REFLUX (GER) AND LARYNGOPHARYNGEAL REFLUX (LPR): NEW PRAGMATIC INSIGHTS IN CLINICAL PRACTICE

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DISCLOSURE: ALL AUTHORS REPORT NO CONFLICTS OF INTEREST RELEVANT TO THIS ARTICLE.

RELIEVING LARYNGOPHARINGERAL REFLUX (RELIEF) SURVEY IN OTOLARYNGOLOGY - THE VIEWPOINT OF THE OTORHINOLARYNGOLOGIST

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Laryngopharyngeal Reflux (LPR) should be considered as part of extraesophageal reflux (EER). This reflux involves respiratory structures other than, or in addition to, the oesophagus. A new medical device for the treatment of gastric reflux, including LPR, has been launched in Italy: Marial®. Therefore, the aim of the present survey was to analyse the prescriptive behaviour both considering the past or current treatments and clinical features during a specialist routine visit. The current survey was conducted in 86 Otorhinolaryngological centers, distributed in all of Italy. Globally, 4.418 subjects [47% males and 53% females, 50.1 (14.5) years-of-age] were visited. The visits included laryngoscopy, Reflux Finding Score (RFS) and Reflux Symptom Index (RSI) questionnaires. The total RSI median score was 15 (12-19) and the total median RFS value was 10 (8-12). Interestingly, a significant change in the new drug prescription was observed ($p<0.0001$): over two-third of patients (67%) received Marial® as monotherapy, whereas PPI plus add-on were prescribed to almost one-third of the patients. PPI alone was prescribed in less than 1%. In conclusion, LPR is a common disorder characterized by typical signs and symptoms; LPR patients may be correctly identified and scored by evidence-based criteria. In addition, the present survey reported that LPR treatment has been considerably changed by the introduction of a new medical device.

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RELIEVING LARYNGOPHARINGERAL REFLUX (RELIEF) SURVEY IN OTOLARYNGOLOGY - II THE VIEWPOINT OF THE PATIENT

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As LPR diagnostic work-up is complex in the absence of a definitive gold standard diagnostic test, patient symptoms have become a primary method to identify those with LPR. In this regard, Reflux Symptom Index (RSI) is a reliable self-administered questionnaire useful also to monitor changes after treatment. An Italian survey on patients with LPR evaluated the effect of treatments for LPR that were prescribed in a real-world setting, such as Otolaryngological clinics. In this part of the survey, 1,680 subjects [45.2% males, 54.8% females, 50.4 (14.7) years] were visited in the 86 Italian ORL centers. About 70% of patients were treated with Marial® alone, 27% with PPI plus add-on. RSI change assessment was the primary outcome. Both therapeutic options significantly ($p<0.0001$) reduced RSI score interestingly since the second week. The inter-group comparison demonstrated the Marial® monotherapy induced a greater reduction of RSI than PPI plus add-on since the second week. In conclusion, the present survey reported that a new medical device (Marial®) may be considered a valid option for the treatment of LPR.

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CORRELATION BETWEEN THE REFLUX FINDING SCORE AND THE REFLUX SYMPTOM INDEX IN PATIENTS WITH LARYNGOPHARYNGEAL REFLUX

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LaryngoPharyngeal Reflux (LPR) is characterized by symptoms, signs, and/or tissue damage resulting from the aggression of the gastrointestinal contents in the upper airways. The Reflux Finding Score (RFS) assesses the laryngeal signs through laryngoscopy. The Reflux Symptom Index (RSI) scores the LPR symptoms. The objective of this real-world study was to compare RFS with RSI in a cohort of Italian LPR patients. Globally, 3932 patients with LPR were evaluated and RFS and RSI were assessed in all subjects. A moderate correlation was found between RSI and RFS ($r=0.484$, $p<0.0001$). In conclusion, the RSI and RFS can easily be included in the LPR work-up as objective and consistent parameters, with low cost and high practicality. Based on these clinical outcomes, the specialist can easily use these tests in clinical practice.

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GASTRIC REFLUX: COMPARISON BETWEEN THE GASTROENTEROLOGIST AND THE OTORHINOLARYNGOLOGIST'S APPROACH. PRAGMATIC CONCLUSIVE REMARKS

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SALSO-BROMO-IODINE THERMAL WATER: A NONPHARMACOLOGICAL ALTERNATIVE TREATMENT FOR POSTNASAL DRIP-RELATED COUGH IN CHILDREN WITH UPPER RESPIRATORY TRACT INFECTIONS

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Postnasal drip (PND)-related cough is a very common symptom in patients with upper respiratory tract infections (URTIs). At present, there is not a standard treatment for postnasal drip and postnasal drip-related cough. The aim of this pilot study was to evaluate the efficacy of a specific salso-bromo-iodine thermal water containing hyaluronic acid and grapefruit seed extract (SBI-H-GSE) comparing it with a normal saline solution in children with URTIs who refer PND-related symptoms. The study was randomized, single-blind, and controlled. Study group (75 children) was treated with SBI-H-GSE and control group (65 children) was treated with a normal saline solution; both compounds were administered by nasal nebulization with Rinowash nasal douche twice/day for 10 days a month for 3 consecutive months. Parent Cough-Specific Quality of Life questionnaire (PC-QOL) average score, the prevalence of symptoms and signs related to post-nasal drip, nasal mucociliary transport time (NMTT), duration and number of URTI episodes, antibiotic usage and days of absence from school were evaluated at baseline and after treatment. SBI-H-GSE therapy shows better and statistically significant trend after treatment when compared to control group for PC-QOL average score ($p=0.011$), NMTT ($p=0.047$), symptoms and signs related to post-nasal drip (all $p<0.005$, except for the cobblestone appearance of the mucosa), duration (in days) with URTI symptoms ($p=0.023$) and a usage of antibiotic therapy ($p=0.011$). The current randomized-controlled pilot study demonstrated that SBI-H-GSE solution was effective in the treatment of children with URTIs who refer PND-related symptoms.

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