Case 2

Reflux

RD presented in 1989, aged 48, with indigestion, complaining of heartburn for six months particularly at night. She had had some relief from antacids. Recently she had begun to experience pain with swallowing which prompted her to see her GP. There was no dysphagia, vomiting or suggestion of bleeding and her weight was normal and steady. She was not taking any medication, drank little but was a smoker. FBC and LFTs were normal.

Because of her painful swallowing she underwent gastroscopy which revealed a small hiatus hernia with mild oesophagitis. There was no record of H.pylori status. Treatment with omeprazole was begun which alleviated her symptoms completely and she continued for two months. After stopping medication her heartburn recurred within a few weeks but she managed by taking an alginate and quit smoking. In 1992, she returned with worsening heartburn. A further course of omeprazole relieved the problem and she didn't reappear until 1997 with a recurrence of painful swallowing. Gastroscopy revealed mild erosive oesophagitis.

She was given full dose omeprazole on repeat prescription. Symptoms resolved until 2004 when her heartburn returned worse than ever. Gastroscopy revealed grade III oesophagitis. H.pylori status was negative. Biopsies showed benign changes. She was changed to a more potent PPI.

She has continued to take her PPI at full dose and currently remains symptom free.