

Health In General

Dr. Stephen Abshire

Good Louisiana cooking means heartburn and acid reflux are commonplace. But, significant episodes occurring three to four times a week should be medically examined. The discomfort that many learn to live with could lead to something more serious.

Gastroesophageal Reflux Disease (GERD), often known as Acid Reflux Disease, is a chronic digestive disorder associated with stomach acid backing up into the esophagus (the swallowing tube that carries food to the stomach). The acid can irritate the lining of the esophagus in detrimental ways.

GERD has numerous causes, but it's mostly due to diet and overeating. Tomato sauce, heavy roux or any fatty meals that are slow to digest can cause reflux. Other common culprits are side effects of certain medications, pregnancy or obesity. Asthma and sleep apnea are also causes. But, anything that puts unusual pressure on the abdomen or stomach can compromise the flap that normally restricts acid from backing up.

Symptoms typically include burning in the throat or chest and sour regurgitation soon after eating or when lying down.

Stephen G. Abshire, M.D., at Lafayette General Endoscopy Center has 35 years experience in gastroenterology, a branch of medicine that focuses on the digestive system. He is raising awareness about "Barrett's Esophagus," a condition associated with long-term GERD. August is Barrett's Awareness Month.

"Over long periods of time, injury to the lower esophagus from GERD allows a transformation of the lining, where some of the stomach cells migrate into this area to try to protect it," explains Dr. Abshire. This malformation is "a hallmark of Barrett's Esophagus," according to Dr. Abshire.

"The problem is, these cells, over time and with continued exposure to irritants, can transform and become malignant cells," he says.

Cancer in the esophagus is a dangerous diagnosis, with a survivorship of only about 50 percent. "If you take a hundred people with GERD, approximately 10 percent of those people will have Barrett's. Of the 10 people with Barrett's, the risk of developing cancer is three to four percent."

GERD can persist for 10 to 15 years before Barrett's develops, on average. But, the only reliable way to detect it is through an endoscopy to inspect the tissue. Detecting Barrett's early is critical to treating it and reducing cancer risks later in life.

Treating Barrett's Esophagus is possible through either chryotherapy or thermal therapy. "You can either freeze it or cook it," to kill the tissue, says Dr. Abshire.

Thermal therapy, the more preferred and practiced method, involves a device that emits limited microwave energy, destroying the Barrett's tissue but not deeper tissues. Healthy tissue forms to replace the destroyed Barrett's tissue.

Recovery is typically three to four days with manageable discomfort. But, once diagnosed with Barrett's, patients should follow-up with endoscopies every two or three years to avoid recurrence.

If you suffer from GERD, then you are at risk for Barrett's. If you have Barrett's, then you are at risk of a serious form of cancer. But, consulting your physician and getting regular check-ups can address both effectively. Early detection and treatment in either case is key.

"If you can destroy the bad tissue, and then continue to control the reflux so the same thing doesn't occur again, you essentially eliminate the risk of cancer," says Dr. Abshire.

