Chirurgia (Bucur). 2025;120(1):5-14
http://dx.doi.org/10.21614/chirurgia.3090

Gastroesophageal Reflux Disease – A Review of Important Management Components

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Abstract

Background: Gastroesophageal Reflux Disease (GERD) has a persisting high prevalence in western industrial countries and a rising prevalence in some asian industrial societies. Management of the disease, i.e. the multimodal care for the affected patients consists of the application of a definition of GERD to clearly define the cohort, using a systematic and differentiated diagnostic work-up as well as using selection criteria for conservative versus interventional and surgical therapy and long-term accompaniment. The purpose of this manuscript is a review of the information in literature on items involved in the current management of GERD and their clinical application.

Methods: A list of items was established with all components necessary for the multimodal management of patients with GERD. A literature search was performed using the term [management of GERD] or [GERD-management] in medline pubmed.gov (USA). All abstracts were evaluated for their usefulness regarding the aim of the study, those with a different focus on GERD-issues were excluded.

Results: Initially 8 items were identified necessary for the multimodal management of GERD-patients. In total, 2193 abstracts were found between 2017 and 2023, which were evaluated and 53 full articles were analyzed. Out of these 53 publications with the correct focus on GERD-management, 34 were excluded for not providing at least 4 of the available 8 items of the complete spectrum of GERD-management. Finally, 19 reports were selected for final assessment. Remarkably, 16 out of 19 publications used either a symptom questionnaire or the Montreal classification, while others used esophageal acid exposure or esophagitis for defining the presence of GERD. Regarding suggestions for a multimodal therapeutic concept, only 9 publications reported on all available therapeutic management options of GERD. Most publications described conservative therapy, while 9 articles included surgical procedures as an option in the overall GERD-management.

Conclusions: GERD cannot be handled as just one disease, but should be considered as a multi-factorial disease consisting of several subgroups of GERD-patients with different phenotypes. All these different sub-groups of the disease may need their individual management options. Only half of publications on GERD-management provided the complete spectrum of involved management components.

Key words: GERD, GERD-diagnostics, PPI, antireflux surgery, laparoscopic fundoplication, GERD-management, GERD-lifestyle modifications, reflux, reflux-esophagitis