



Differentiating Gastroesophageal Reflux (GERD) and Laryngopharyngeal Reflux (LPR)

Volume 1, Issue 3

August 2008

Differentiating Gastroesophageal Reflux (GERD) and Laryngopharyngeal Reflux (LPR)

You may ask yourself, “If I have reflux, why don’t I feel heartburn?” There are two major types of reflux (Latin root meaning “flowing back), which present with different and sometimes overlapping symptoms.

Gastroesophageal reflux, or GERD typically occurs when there is weakness in the muscle between the esophagus (food pipe) and stomach, or when there is decreased esophageal clearing. When the esophagus is burned by acid and other stomach contents, it can create symptoms of heartburn/chest pain, regurgitation/acidic taste, belching, difficulty swallowing or bad breath.

Laryngopharyngeal reflux, or LPR occurs when acid travels from the stomach, through the esophagus and into the laryngeal or pharyngeal area. Because the tissue in this area is more sensitive than that of the esophagus, even small amounts of acid can create symptoms in the laryngeal/pharyngeal area. A person experiencing LPR may notice hoarseness, “lump in the throat” sensation, burning in the throat, chronic dry cough or coughing that disrupts sleep, sensations of excessive post nasal drip, chronic throat clearing, difficulty swallowing, sore throat, ear pain or wheezing. If the acid refluxed is not enough to inflame the lining of the esophagus, heartburn is not experienced. That is why LPR is often referred to as “silent reflux”.

It is important to note GERD and LPR do not always, but can co-occur. Reflux affects people of all ages. It is typically treated with the combination of medication, diet modifications, lifestyle changes, and in some cases, surgery. If you experience any of these symptoms on a chronic basis (more than two times per week), see your doctor for further diagnosis and treatment.
