
WHAT IS THE DIFFERENCE BETWEEN LPR AND GERD?

Laryngopharyngeal reflux (LPR) and Gastroesophageal reflux (GERD) are two related, but different diseases.

GERD (Latin root meaning “flowing back”) is the reflux of digestive enzymes, acids, and other stomach contents into the esophagus, or “food pipe”. If this backflow is propelled through the upper esophagus and into the throat (larynx and pharynx) it is referred to as LPR.

Often times GERD and LPR co-exist, but not always.

More frequently, people with GERD have decreased esophageal clearing. Esophagitis, or inflammation of the esophagus is also associated with GERD. People with LPR usually have normal motility functioning.

WHY DON'T I FEEL HEARTBURN?

The lining of your stomach is designed to hold a significant amount of acid, because you need it to digest your food. The lining of your esophagus is also meant to hold a significant, but lesser amount than that of the stomach. If the acid refluxed into the esophagus is not enough to inflame the lining of this organ, you will not experience heartburn. This is why LPR is often referred to as “silent reflux”.

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DIFFERENTIATING GASTROESOPHAGEAL REFLUX (GERD) AND LARYNGOPHARYNGEAL REFLUX (LPR)



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TELL ME MORE ABOUT LPR

The tissues in your larynx/pharynx are extremely sensitive and not designed to hold even small amounts of acid. When liquid contents are refluxed into this area, they can affect the vocal folds and surrounding tissues. Over time, this irritation creates a reddened appearance (erythema) to the entire laryngeal area and can cause the vocal folds to become red and stiff (edema).

Repeated episodes of irritation to the vocal folds can cause hoarseness. Generalized irritation to the larynx/pharynx can produce symptoms such as a chronic cough, “lump in the throat”, or sensations of post-nasal drip. With LPR, high-acid irritation can trigger constrictions of bronchial muscles that can result in more labored breathing or even bronchospasms. It can also cause constrictions of pharyngeal muscles and trigger larygospasms.

WHO GETS LPR & GERD?

People of all ages can get reflux, including infants, children and adults, both male and female. Lifestyle causes of LPR/GERD include a diet high in fatty, acidic and spicy foods and/or over-indulgence. Tobacco use and physical activities that apply more pressure on the lower esophageal sphincter can also cause LPR/GERD. Often times, pregnant women will experience increased symptoms. Physical factors include hiatal hernia, abnormal esophageal contractions, and slow emptying of the stomach.

SYMPTOMS OF LPR & GERD

LPR:

- Hoarseness
- “Lump in the throat” sensation
- Burning in the throat
- Chronic dry cough or coughing that wakes you from your sleep
- Sensation of excessive post nasal drip
- Chronic throat clearing
- Difficulty swallowing
- Sore throat
- Ear pain
- Wheezing

GERD:

- Heartburn/chest pain
- Regurgitation/acidic taste
- Belching
- Difficulty swallowing
- Bad breath

WHEN IS IT TIME TO SEE MY DOCTOR?

If you are experiencing symptoms of GERD or LPR on a regular basis (more than two times per week) you may be a candidate for further testing or medical work-up regarding this problem. It is possible that dietary precautions and lifestyle modifications alone will not solve your problem. Medicinal intervention may be necessary.

THE DIAGNOSIS AND TREATMENT OF LPR & GERD

GERD and LPR are often diagnosed by an otolaryngologist (ENT) or gastroenterologist after a referral has been made by your primary care physician.

Several diagnostic procedures can be used to identify this condition including:

- Endoscopic examination of the larynx and/or esophagus
- X-ray examination of the throat/larynx (Modified Barium Swallow Study)
- 24-hr pH probe
- Esophageal motility testing
- Esophageal acid perfusion
- Biopsy

Often times, a combination of medicinal treatment and dietary and lifestyle precautions will provide a significant improvement in symptoms. Occasionally, surgical intervention is required.

