

Diagnostic des éructations

Frank ZERBIB

Hôpital Haut Lévêque

Bordeaux - France



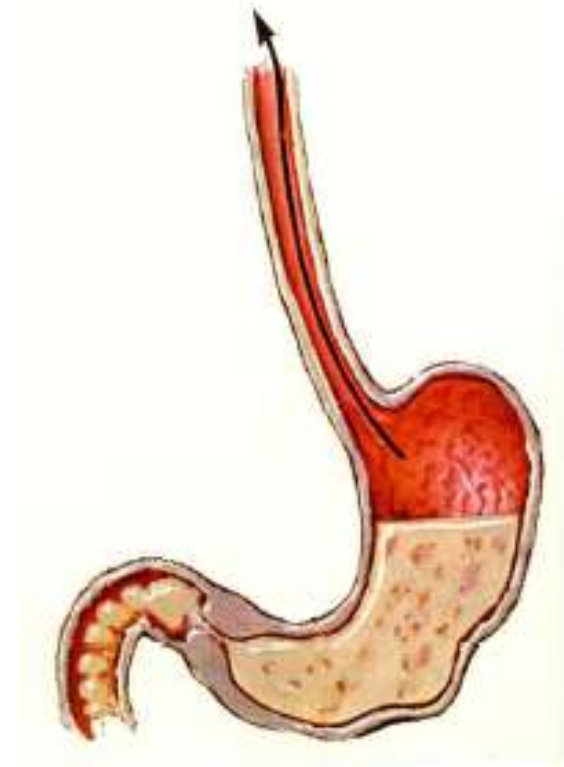
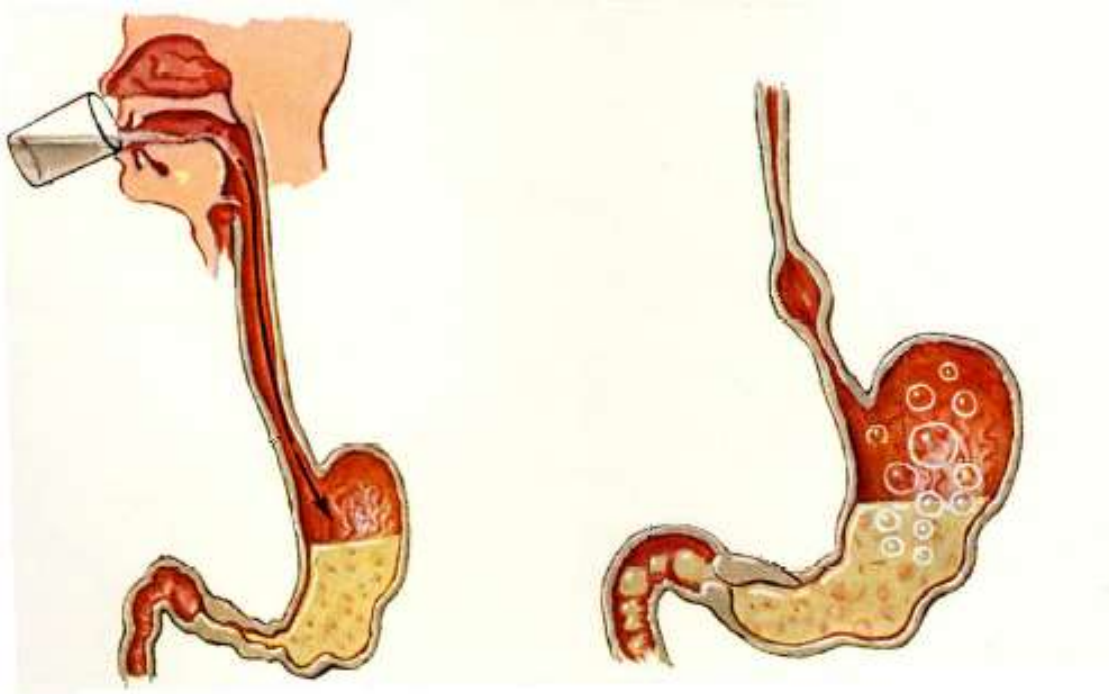
Liens d'intérêts

Medtronic

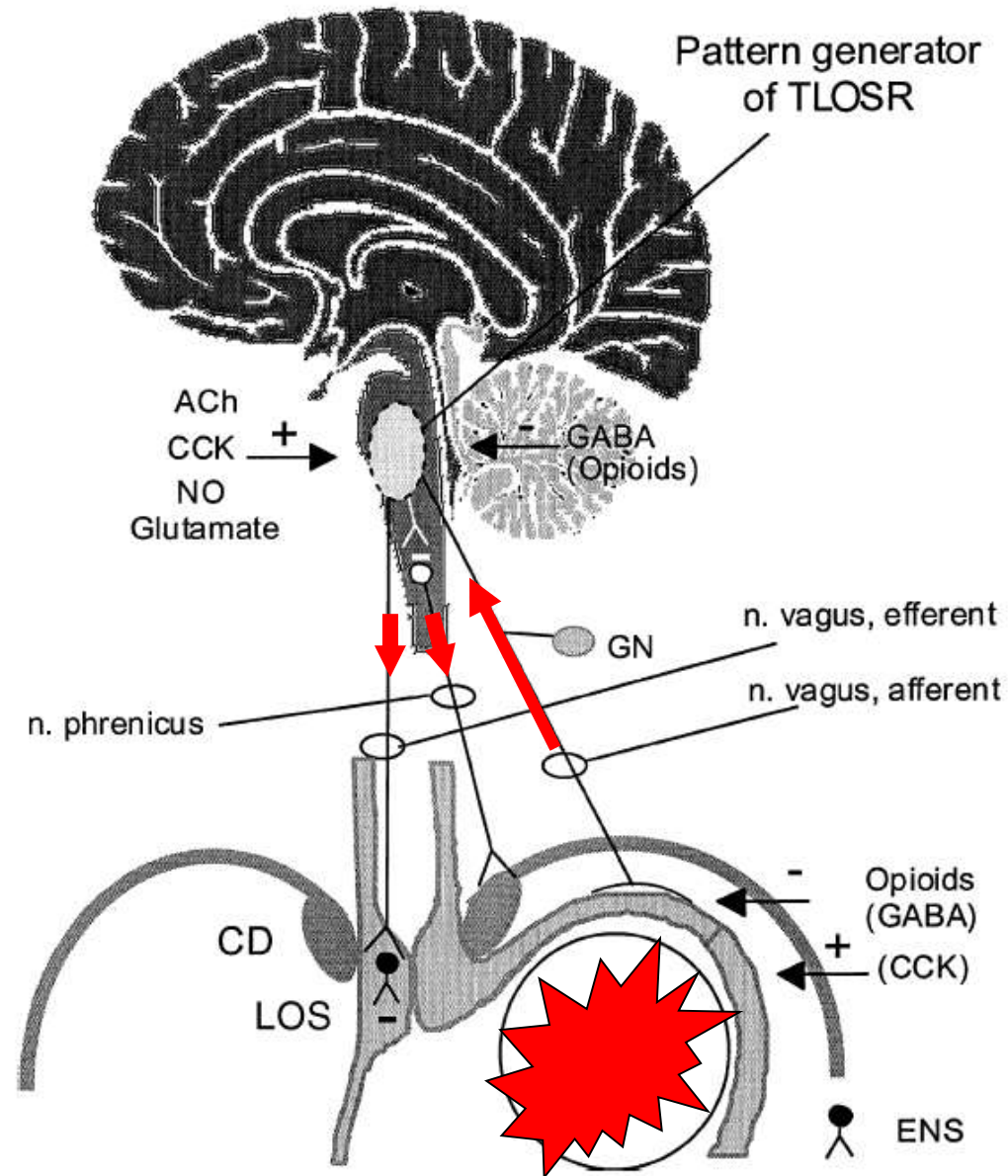
Eructations

Evacuation de l'air contenu dans l'estomac:

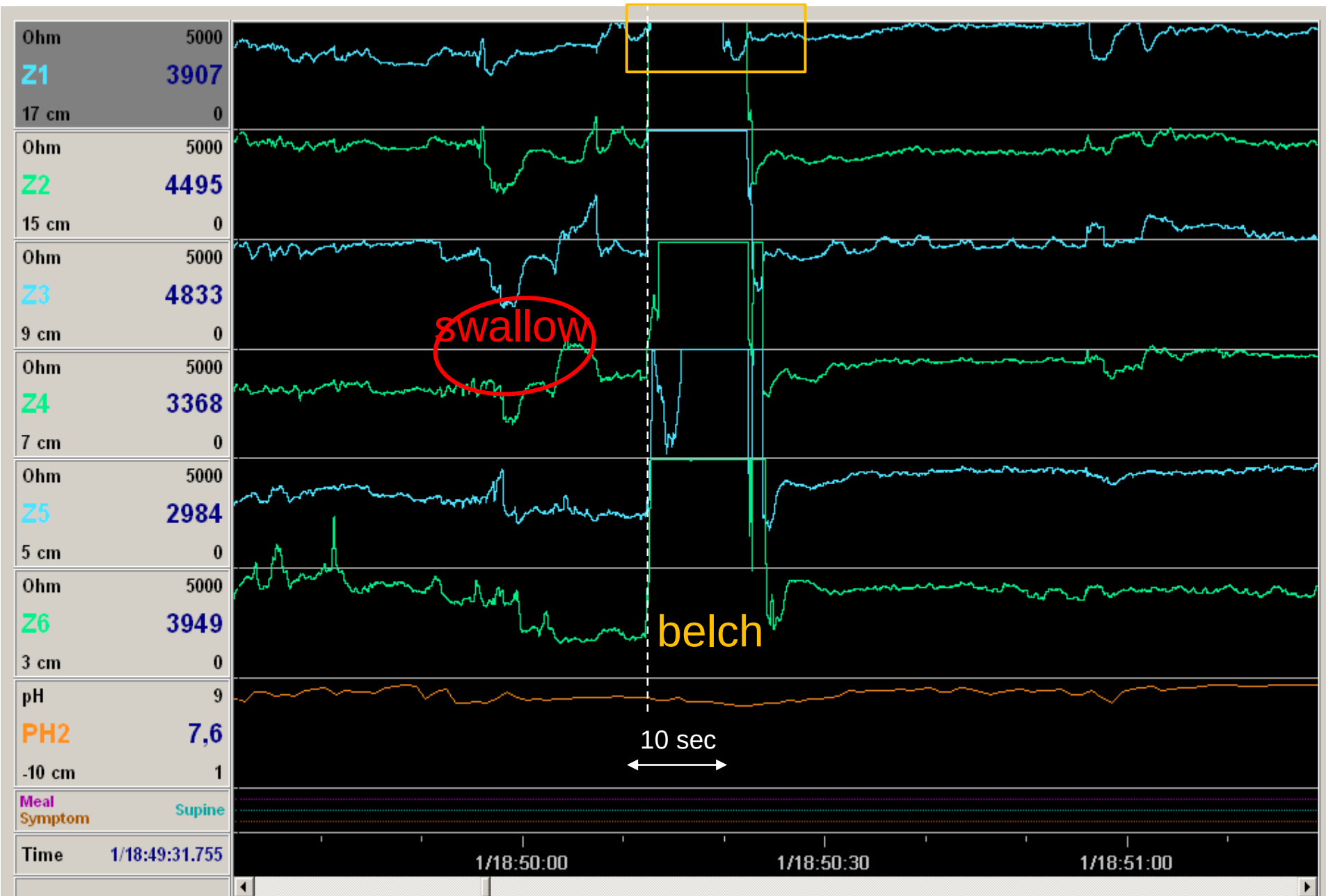
- Air dégluti
- Gaz carbonique des boissons gazeuses



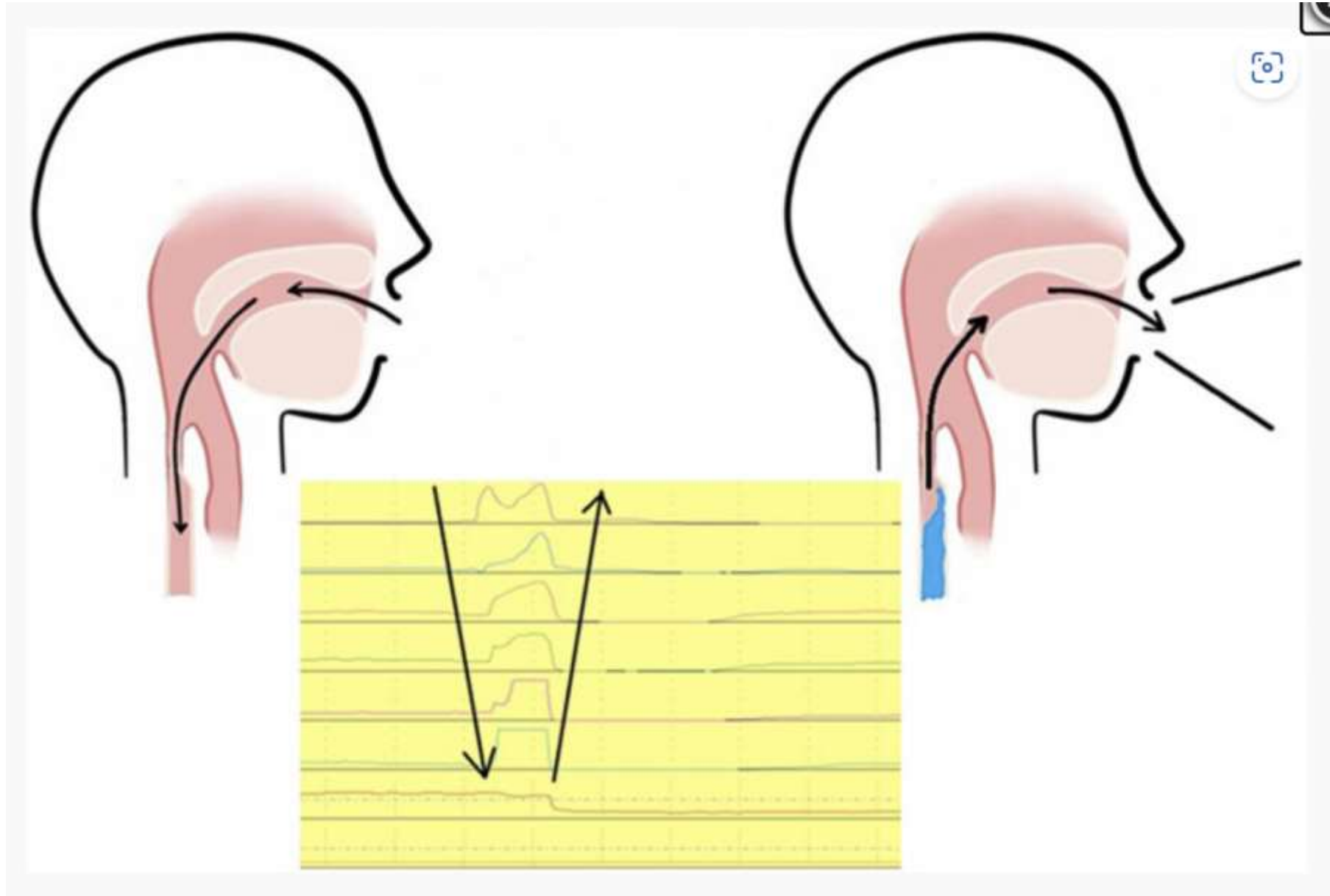
Eructations gastriques = RTSIO

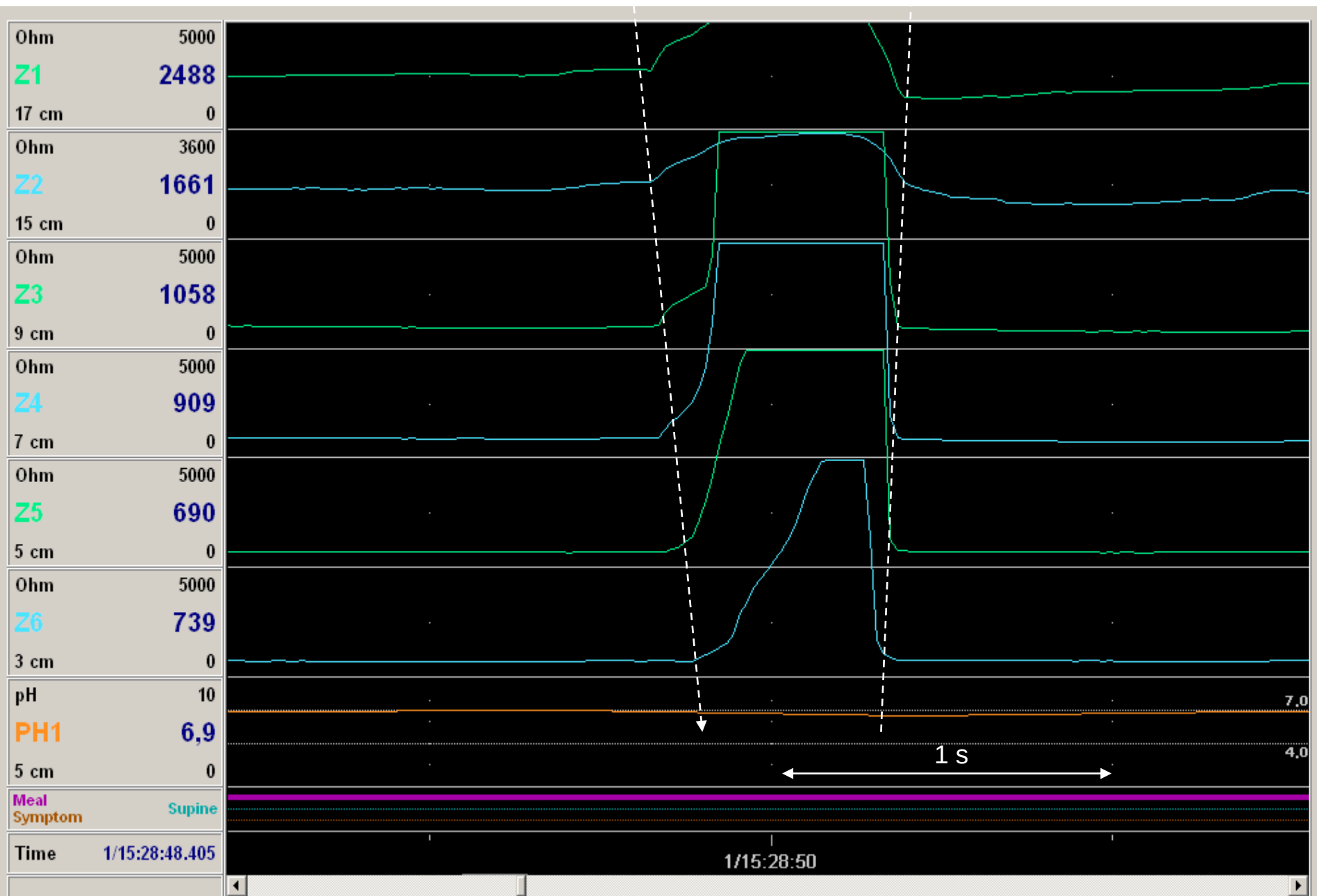


Eructations gastriques



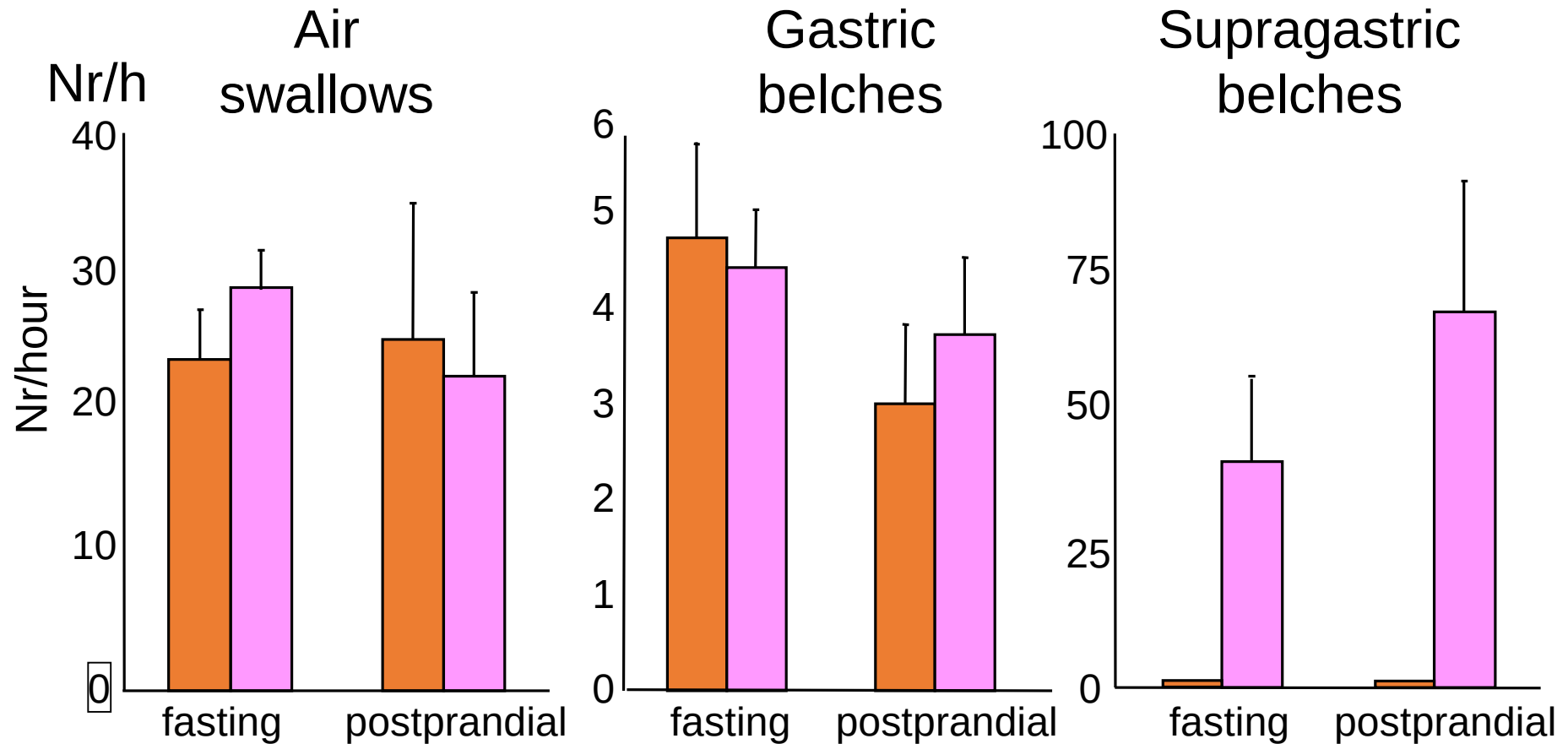
Eructations supra-gastriques





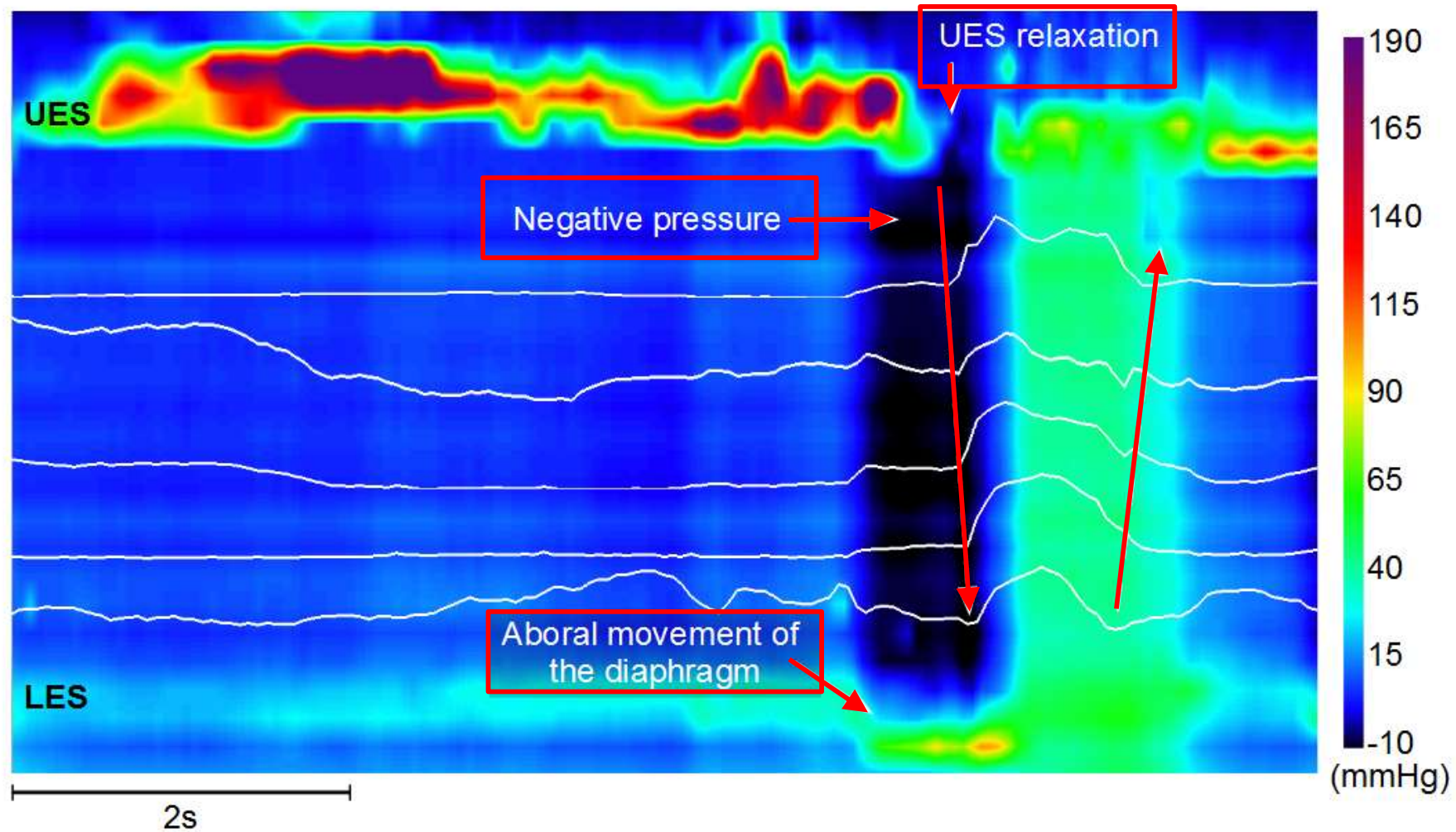
Patients avec eructations excessives

- Healthy controls (n=14)
- Excessive belchers (n=14)



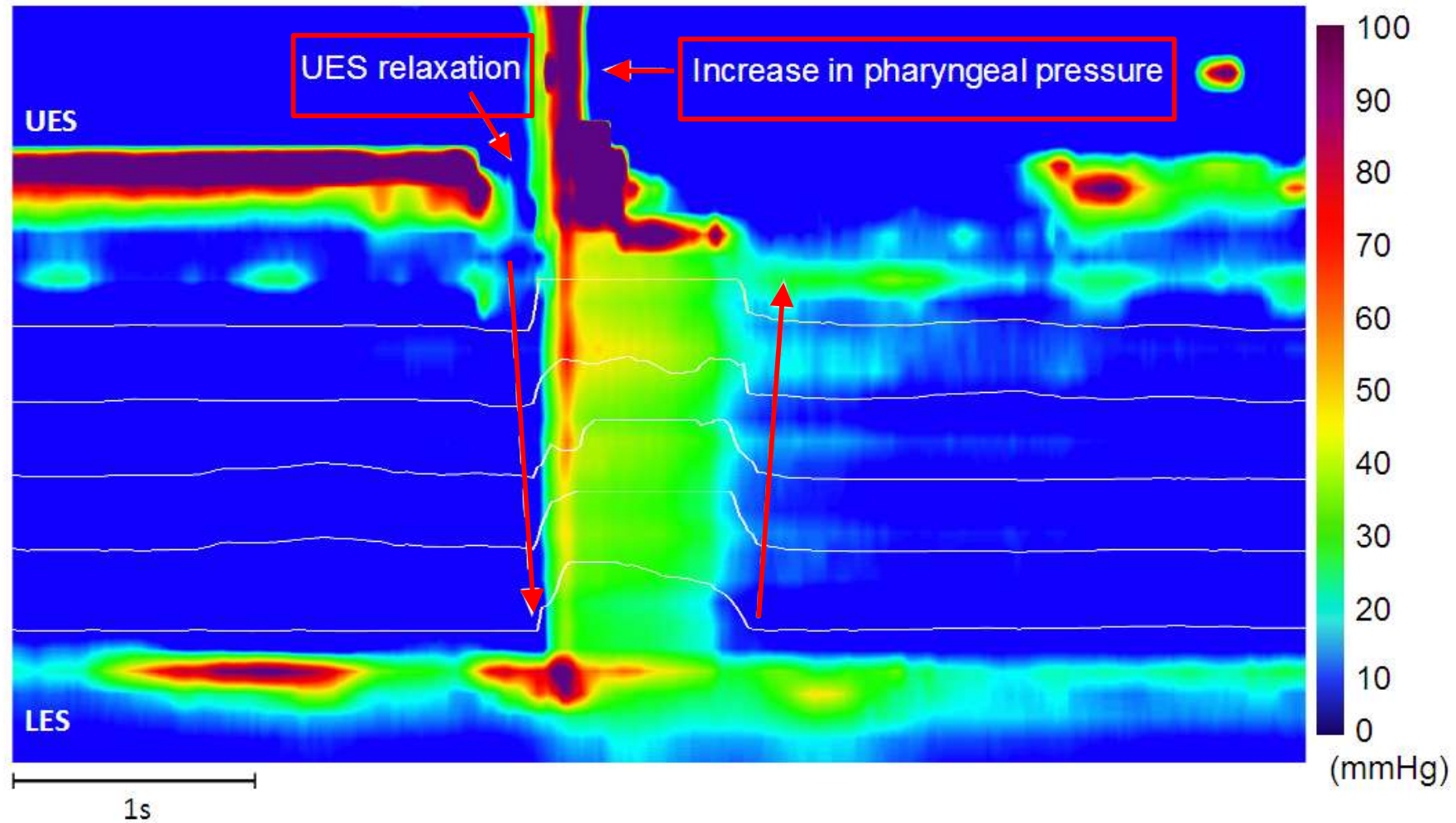
Eructations supragastriques

‘sucker’

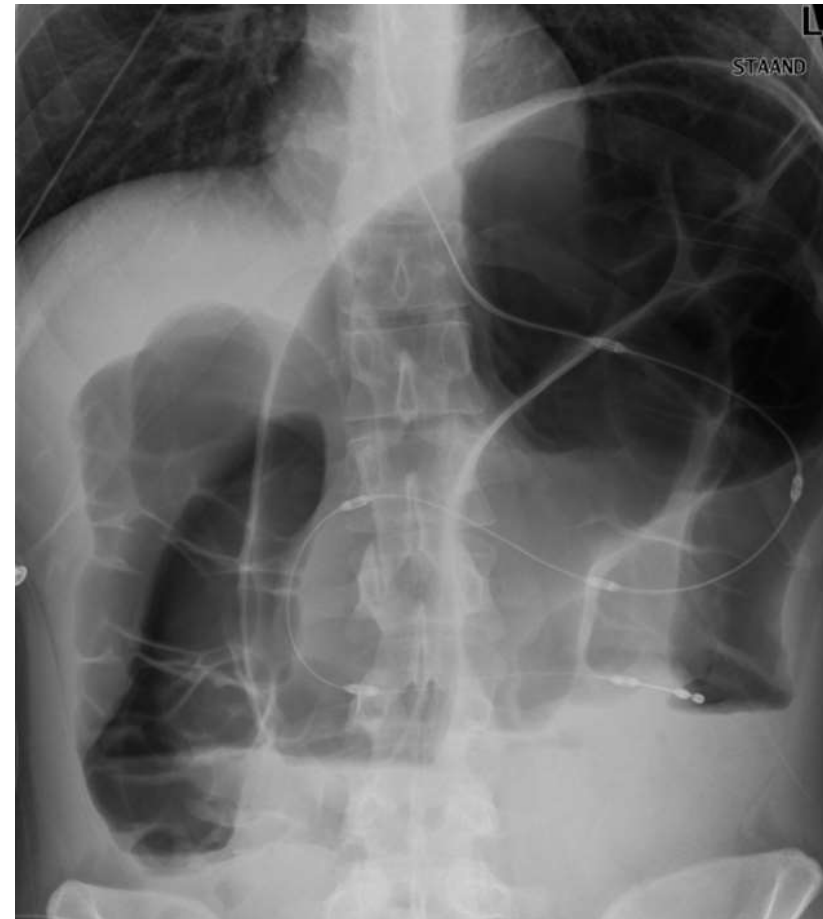


Eructations supragastriques

‘pusher’



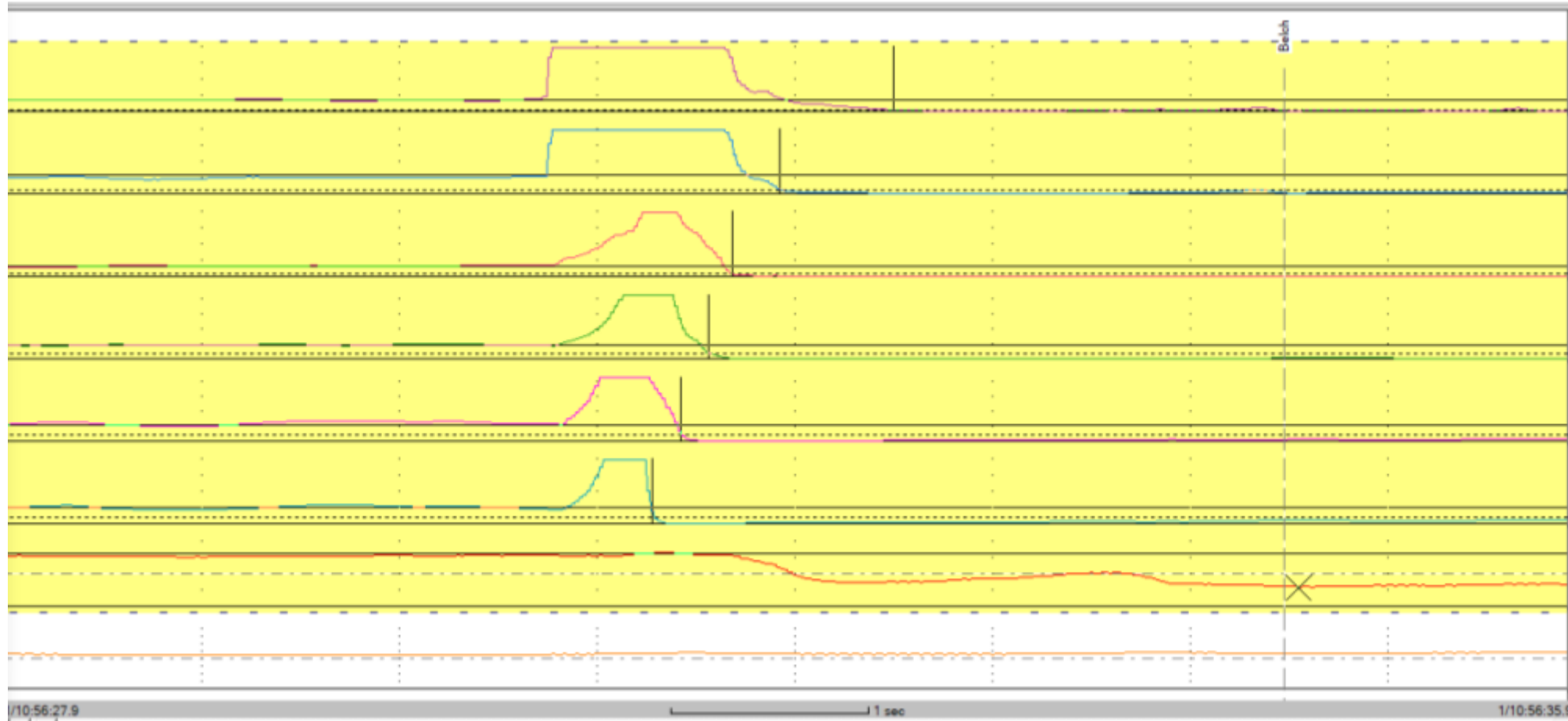
Aérophagie : déglutition excessive d'air



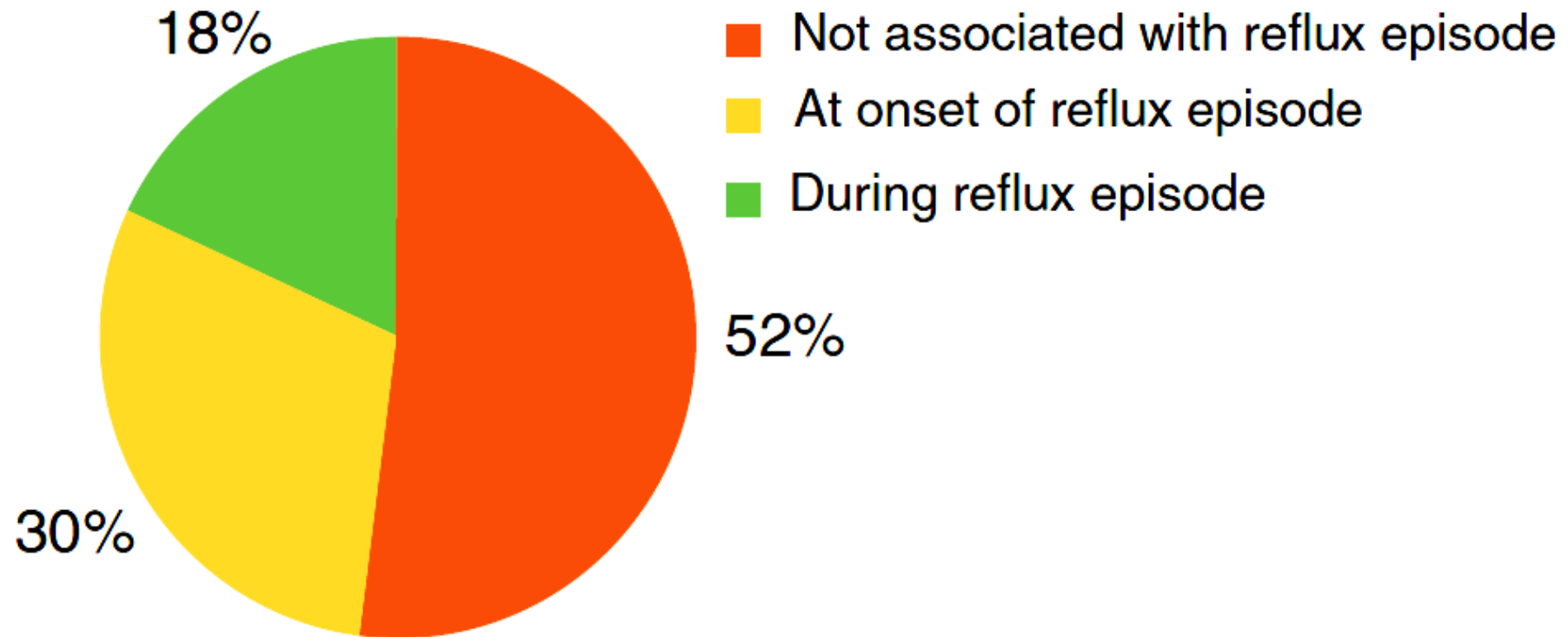
Eructations supragastriques et RGO



Eructations supragastriques et RGO



Eructations supragastriques et RGO



Eructations supragastriques et RGO

Received: 30 August 2022 | Revised: 5 December 2022 | Accepted: 10 December 2022
DOI: 10.1111/nmo.14520

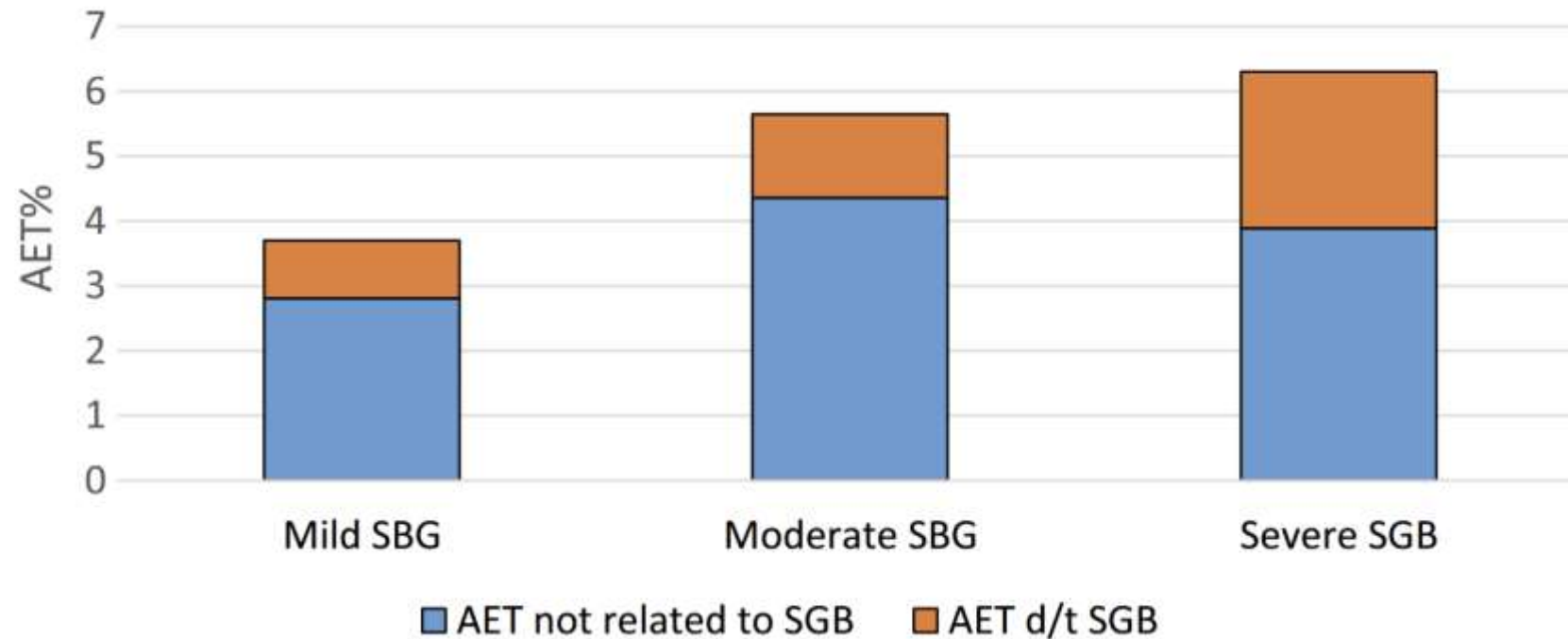
ORIGINAL ARTICLE

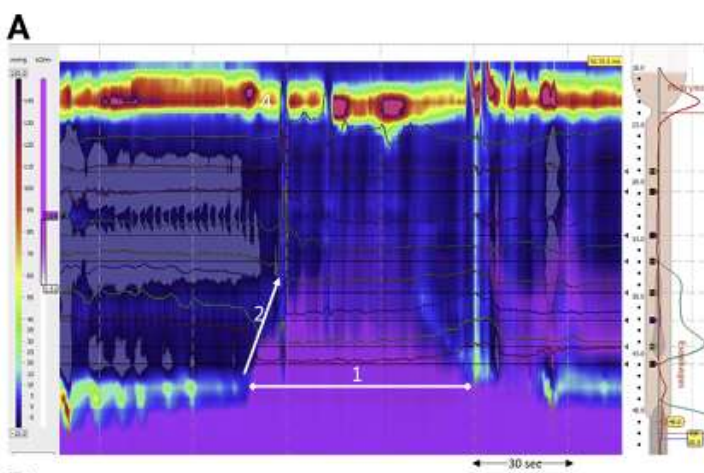
Neurogastroenterology & Motility WILEY

The influence of supragastric belching severity on esophageal acid exposure and motility

Ilia Sergeev^{1,2} | Monica Velosa^{1,2} | Roxana Mardare^{1,2} | Etsuro Yazaki^{1,2} | Daniel Sifrim^{1,2}

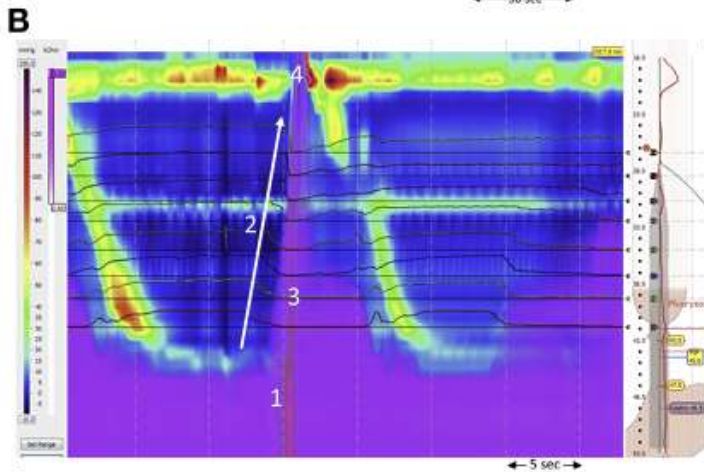
FIGURE 3 Influence of SGB severity on SGB-related AET. AET, acid exposure time; SGB, supragastric belching.





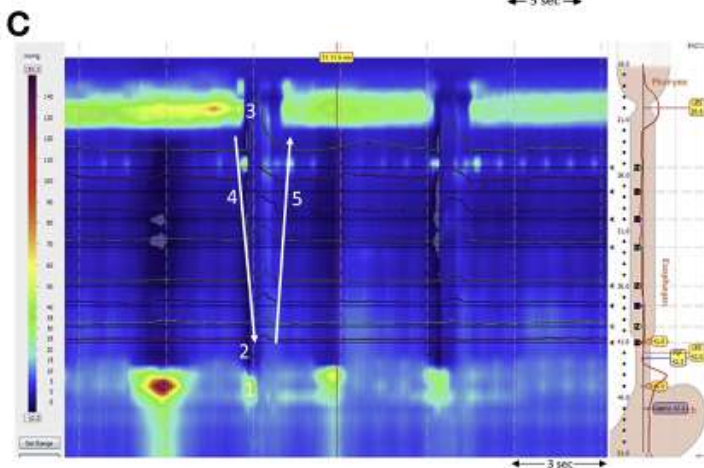
Reflux « classique »

14%



Rumination

20%



Eructations supragastriques

42%

ALIMENTARY TRACT

Postprandial High-Resolution Impedance Manometry Identifies Mechanisms of Nonresponse to Proton Pump Inhibitors

Rena Yadlapati,^{*} Michael Tye,[†] Sabine Roman,[‡] Peter J. Kahrilas,[†] Katherine Ritter,[‡] and John E. Pandolfino[‡]

**94 patients avec
symptômes
réfractaires IPP**

Diagnostic yield and reliability of post-prandial high-resolution manometry and impedance-ph for detecting rumination and supragastric belching in PPI non-responders

Kelli DeLay¹ | John E. Pandolfino² | Sabine Roman^{3,4,5} | C. Prakash Gyawali⁶ | Edoardo Savarino⁷ | Michael Tye² | Alexander Kaizer¹ | Rena Yadlapati^{1,8}

TABLE 2. Inter-rater agreement for MII-pH & PPHRIM for diagnostic group and behavioral condition

	PPHRIM		MII-pH		Post hoc MII-pH	
	Kappa	Agreement	Kappa	Agreement	Kappa	Agreement
Diagnostic group	0.03 (−0.12, 0.18)	Slight	0.32 (0.17, 0.47)	Fair	0.47 (0.30, 0.64)	Moderate
Behavioral condition	−0.22 (−0.46, 0.02)	Poor	0.13 (−0.11, 0.37)	Slight	0.19 (−0.07, 0.45)	Slight

pH-impédancemétrie ou Mano-impédancemétrie postprandiale ?

Rumination et éructations SG



pH-impédancemétrie
- Meilleure précision diagnostique
- Meilleure reproductibilité interobservateurs

Eructations supragastriques : Prise en charge

Traitement pharmacologique : baclofène

- études rétrospectives non contrôlées, faibles effectifs
- une étude randomisée contre placebo négative

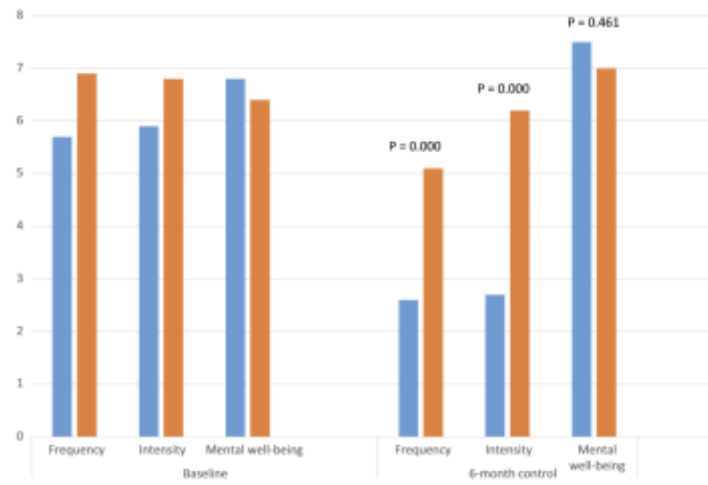
Blondeau et al 2012, Pauwels et al 2018

Traitement comportemental : TCC

(1) respiration diaphragmatique et (2) ouverture de la bouche/position de la langue

- études non contrôlées
- 2 études contrôlées réduction 60% et amélioration QdV à 6/12 mois

Glasinovic et al 2018, Ong et al 2018, Punkkinen et al 2021



Punkkinen et al 2021

La dysfonction rétrograde du SSO

Le syndrome « no burp »

Frank ZERBIB

Hôpital Haut Lévêque
CHU de Bordeaux



université
de BORDEAUX

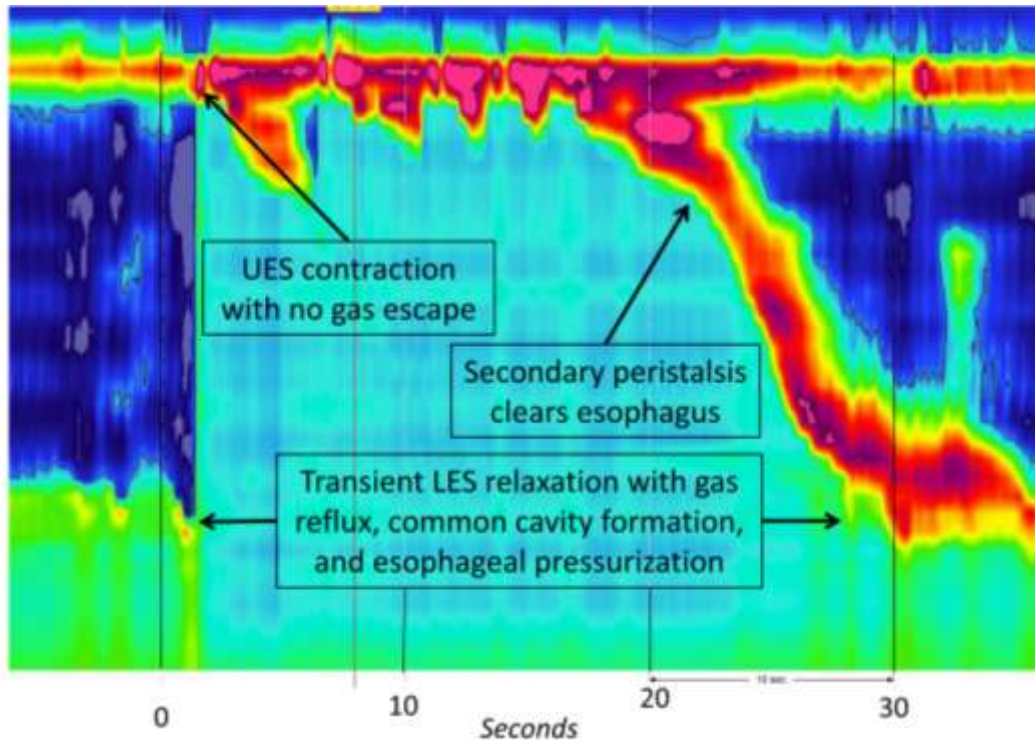


Dysfonction rétrograde du SSO

- **Retrograde Upper Esophageal Sphincter Dysfunction (R-UESD)**
- Syndrome « abelchia » (anglo-saxon)
- Incapacité à éructer
- Mécanismes sous-jacents mal connus

Mécanismes

- Anomalies structurelles ?
- Défaillance des mécanismes neurophysiologiques ?
- Comportement appris inconsciemment ?



**Augmentation pression œsophagienne
+ Contraction paradoxale du SSO
+ Péristaltisme secondaire**

Symptômes

Table 1. Syndromic Features of Retrograde Cricopharyngeus Dysfunction.

1. The inability to belch
2. Abdominal bloating and discomfort/nausea, or chest pain, especially after eating
3. Socially awkward gurgling noises from the chest and lower neck as though the esophagus is churning and straining to eject the air
4. Excessive flatulence
5. Social inhibition (a result of 2, 3, and 4)
6. Difficulty vomiting (common but not universal)

Bastian and Smithson, OTO Open 2019

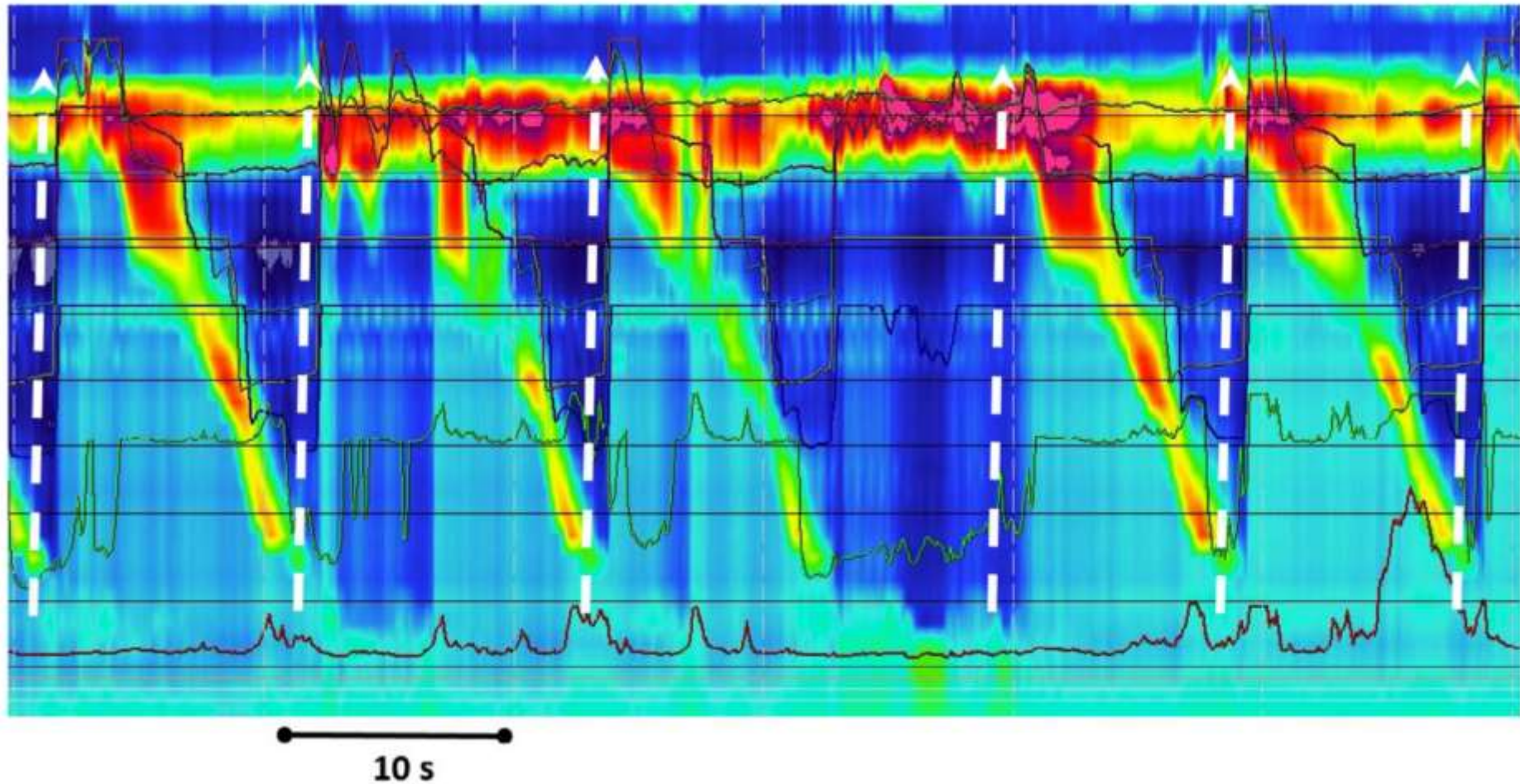
Symptoms at presentation

Gurgling noises from the chest	8	100.0
Bloating	8	100.0
Chest pain	6	75.0
Epigastric pain	5	52.5
Hiccups	3	37.5
Flatulence	3	37.5
Nausea	3	37.5

Nijhuis et al. Neurogastroenterology & Motility. 2022

SII ??

Diagnostic

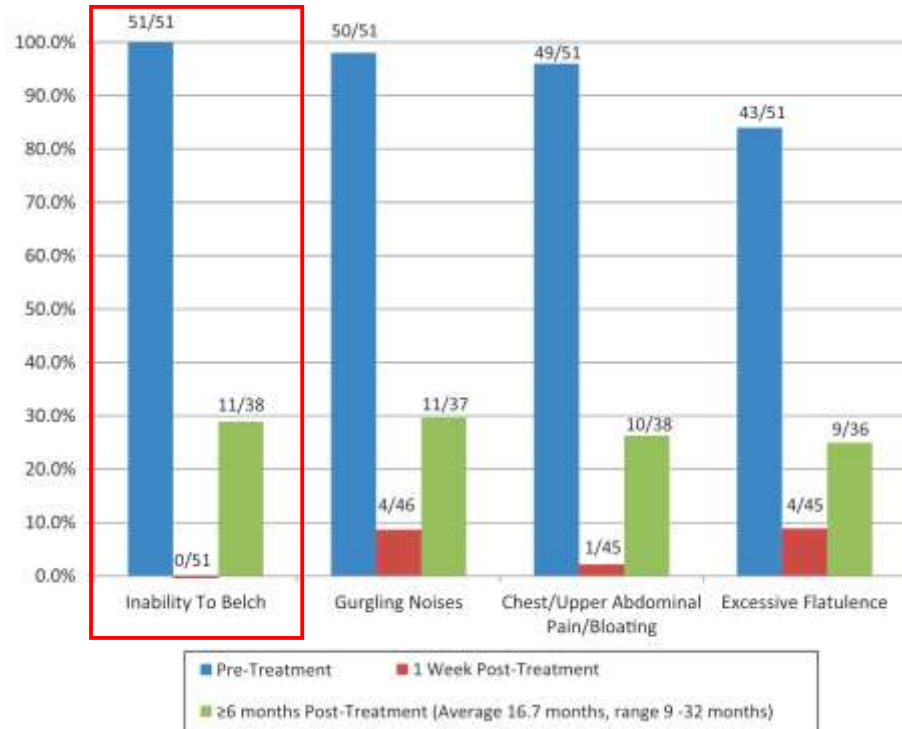


Traitement

Inability to Belch and Associated Symptoms Due to Retrograde Cricopharyngeus Dysfunction: Diagnosis and Treatment

2019 52 patients

Robert W. Bastian, MD¹, and Melissa L. Smithson, MS, PA-C¹



Abelchia: inability to belch/burp—a new disorder? Retrograde cricopharyngeal dysfunction (RCPD)

Yakubu Karagama¹

2021
72 patients

100% efficacité dans le 1^{er} mois
96% efficacité à 3 mois

The inability to belch syndrome: A study using concurrent high-resolution manometry and impedance monitoring

2022

8 patients

Renske A.B. Oude Nijhuis¹ | Jurjaan A. Snelleman² | Jac M. Oors¹ |
Boudewijn F. Kessing¹ | Derrek A. Heuveling² | Jeroen M. Schuitenmaker¹ |
Liesbeth ten Cate³ | Andreas J.P.M. Smout¹ | Albert J. Bredenoord¹

Mano-impédance + toxine

5 patients : éructations spontanées

3 patients : manœuvres supplémentaires

EI

- Dysphagie aux solides
- RGO

Bastian and Smithson, OTO Open 2019

Karagama et al. European Archives of Oto-Rhino-Laryngology 2021

Nijhuis et al. Neurogastroenterology & Motility. 2022

Conclusion

Dysfonction rétrograde du SSO

- Pathologie récente peu connue
- Symptômes multiples non spécifiques
- Diagnostic : mano-impédancemétrie œsophagienne avec test de provocation à l'eau gazeuse
- TTT : 1 injection de toxine botulique dans le muscle cricopharyngien/SSO
- Excellente efficacité, à réévaluer sur le long terme.