

Letter to the Editor

In Reference to *Scintigraphic Imaging of Extra-Esophageal Manifestation of Gastroesophageal Reflux Disease*

Dear Editor,

We carefully read the article entitled “Scintigraphic Imaging of Extra-Esophageal Manifestation of Gastroesophageal Reflux Disease.”¹ Authors explored the accuracy of scintigraphic imaging of pharyngeal reflux events from pre- to post-fundoplication in patients with gastroesophageal reflux disease (GERD) and laryngopharyngeal reflux disease (LPRD) symptoms. They detected pharyngeal reflux events in 45/50 patients and micro-aspiration in 45/50, which were both reduced after surgery. Based on their results, they stated that scintigraphy can detect extra-esophageal reflux events in the head and neck tract, and lung in LPRD patients. We congratulate the authors for this study investigating an unexplored diagnosis tool for LPRD, but we would like to draw attention to some points.

First, the 24-h hypopharyngeal-esophageal multi-channel intraluminal impedance-pH monitoring (HEMII-pH) is currently considered as the more reliable approach for diagnosing LPRD diagnosis.² The HEMII-pH can detect esophago-pharyngeal reflux events (full column), and the experts considered the occurrence of >1 pharyngeal reflux events for the LPRD diagnosis.² The evaluation of the accuracy, sensitivity, and specificity of scintigraphy for detecting pharyngeal reflux events should have considered a gold standard approach during the same testing period for comparing the reflux event detection features between both approaches and, therefore, validating the scintigraphic findings.

Second, the validation of a new diagnosis tool could consider a patient sample that represents the overall population of patients. In this study, the patient population consisted of a subgroup of patients with GERD at the esophageal impedance-pH monitoring and suspected LPRD according to the reflux symptom index (RSI).¹ In clinical practice, many patients with LPRD at the HEMII-pH have no GERD findings or abnormal proximal acid exposure.³⁻⁵ The conclusion of the study can be consequently limited to a subtype of suspected LPRD patients according to the lack of LPRD diagnosis

confirmation. Moreover, the selection of patients with acid GERD can support adequate pre- to postoperative outcomes regarding studies supporting the higher effectiveness of fundoplication in patients with GERD and LPRD symptoms compared to those without GERD.⁶⁻⁸

Despite potential biases, the study of Van der Wall *et al.*¹ is, however, important because they highlight a potential new objective diagnosis tool for LPRD, which could be more accessible and cheaper than the 24-h HEMII-pH. This study can encourage future teams to evaluate the accuracy of scintigraphy for the detection of pharyngeal reflux events by comparing the data with the 24-h HEMII-pH.

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