



Answers to Your Questions about Digestive Health

Unusual Symptoms and GERD

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Question – Can GERD cause oral symptoms, specifically changes in saliva, or damage to the teeth, tonsils, or uvula (the fleshy structure hanging from the center of the soft palate at the back of the mouth)? My allergist believes GERD may even be contributing to my chronic sinusitis. I have looked on several web sites but have not found answers. Any information would be appreciated.

Answer – Unfortunately, there just isn't much information available to answer your questions. There are several reports, mostly in children, which suggest that stomach acid can cause problems with tooth enamel, although this appears to be extremely rare. I could not find an article in any medical journal that describes damage to the uvula or tonsils from GERD. Carefully done studies have demonstrated that patients with GERD often have an increase in the amount of saliva and an increase in the amount of bicarbonate in the saliva. However, these minute changes would not be noticeable to the average person.

There is controversy about whether GERD can contribute to chronic sinusitis, although most of the data suggests that there is no relationship. It is more likely that sinusitis and GERD are confused with each other, than that GERD causes the sinusitis. Both problems can be associated with sore throats, and chronic cough.

Therapy directed at GERD may improve symptoms that had been thought to be from sinusitis.

Question – I recently went to the emergency room with severe chest pain to the point that I was having trouble breathing. I thought I was having a heart attack, even though I am only 22 years old. It turns out that the symptoms were caused by acid reflux. Although I experienced heartburn from time to time, it never seemed that serious. Is it common for GERD to cause symptoms this severe, especially in someone only 22 years old?

Answer – We are seeing more and more young people with GERD. For many, the GERD symptoms begin in childhood and continue on into adulthood. It is not at all unusual to see someone your age having these types of problems. There are several ways to define severity. Most physicians would consider acid reflux severe if it is causing serious or irreversible damage to the lining of the esophagus; or if it is resistant to medical therapy. These patients typically have frequent problems with heartburn or regurgitation (the sensation of fluid coming up into the throat).

However, some patients have symptoms that may not qualify as severe according to the above definition, but are certainly distressing. Examples include chest pain, shortness of breath, asthma, or hoarseness. The good news is that these symptoms often are very responsive to medical therapy and minor changes in lifestyle, and they rarely become lifelong problems.

[Note: While chest pain may indicate acid reflux, this kind of pain or discomfort should prompt urgent medical evaluation. Possible heart conditions must always be excluded first.]

Facts and Fallacies about Ulcers and Heartburn

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Researchers have only recently begun to understand the many, often complex diseases that affect the digestive system. Accordingly, people are gradually replacing folklore, old wives' tales, and rumors about the causes and treatments of digestive diseases with accurate, up-to-date information. But misunderstandings still exist, and while some folklore is harmless, some can be dangerous if it keeps a person from correctly preventing or treating an illness. Listed below are some common misconceptions (fallacies), about ulcers and heartburn, followed by the facts as professionals understand them today.

Ulcers

Common misconception: Spicy food and stress cause stomach ulcers.

False. The truth is, almost all stomach ulcers are caused either by infection with a bacterium called *Helicobacter pylori* (*H. pylori*) or by use of pain medications such as aspirin, ibuprofen, or naproxen, the so-called nonsteroidal anti-inflammatory drugs (NSAIDs). Most *H. pylori*-related ulcers can be cured with antibiotics. NSAID-induced ulcers can be cured with time, stomach-protective medications, antacids, and avoidance of NSAIDs. Spicy food and stress may aggravate ulcer symptoms in some people, but they do not cause ulcers.

Heartburn

Common misconception: Smoking a cigarette helps relieve heartburn.

False. Actually, cigarette smoking contributes to heartburn. Heartburn occurs when the lower esophageal sphincter (LES) – a muscle between the esophagus and stomach – relaxes, allowing the acidic contents of the stomach to splash back into the esophagus. Cigarette smoking causes the LES to relax.

IFFGD Suggested Reading

Thompson WG. *Peptic ulcer: a twentieth century disease*. IFFGD Fact Sheet No. 509, 2012

Thompson WG. *NSAIDs: good for the joints, bad for the gut?* IFFGD Fact Sheet No. 519, 2013

About IFFGD

The International Foundation for Gastrointestinal Disorders (IFFGD) is a 501(c)(3) nonprofit education and research organization. We work to promote awareness, scientific advancement, and improved care for people affected by chronic digestive conditions. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. Founded in 1991, we rely on donors to carry out our mission. Visit our websites at: www.iffgd.org or www.aboutGERD.org.

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