Contents

Preface vii
Contributors ix

I. INTRODUCTION 1

1. Heartburn and Esophageal Pain: Scope of the Problem 3
   John Dent

   Ronnie Fass

II. THE BASICS OF PAIN 25

3. The Nature of Esophageal Pain Receptors 27
   Amanda J. Page and L. Ashley Blackshaw

4. Vagal and Splanchnic Distension Sensitive Primary Afferents from the Esophagus: Implications for Visceral Nociceptors 41
   Raj K. Goyal and Arun Chaudhury

III. STIMULI OF ESOPHAGEAL PAIN 55

5. The Esophageal Mucosa and Heartburn 57
   Roy C. Orlando

6. Neutral Reflux (Weakly Acid) in Typical and Atypical GERD Symptoms 65
   Daniel Sifrim

7. Longitudinal Muscle Spasm and Esophageal Pain 73
   Ravinder K. Mittal

8. Biomechanics of Esophageal Sensation 89
   Hans Gregersen and Asbjørn Mobr Drewes

IV. PERIPHERAL AND CENTRAL MECHANISMS OF SENSITIVITY AND HYPERSENSITIVITY 103

9. Molecular Pathways and Their Sensitization 105
   Pankaj Jay Pasricha
ESOPHAGEAL PAIN

10. Cortical Processing of Esophageal Pain
   Adeyemi Lawal and Reza Shaker

11. Esophageal Hypersensitivity: Is It Peripheral or Central?
   Abhishek Sharma and Qasim Aziz

V. DIAGNOSIS AND MANAGEMENT OF ESOPHAGEAL PAIN

12. Diagnostic Strategy for Esophageal Pain
    Peter J. Kabrilas

13. How to Treat Esophageal Chest Pain
    Satish S. C. Rao

14. New Drugs on the Horizon for the Treatment of
    Esophageal Pain
    Anders Lebmann

Index

Heartburn, esophageal pain, and extraesophageal manifestations of gastroesophageal reflux symptoms are the most prevalent symptoms in western society, and they are becoming increasingly the same in the developing world. Pathogenesis and treatment of these symptoms has evoked significant interest, but they still remain veiled in deep mystery and represent one of the most controversial areas of medicine in the 21st century. Although these disorders represent benign diseases, the financial and others costs clearly are not benign. Pharmacologic therapy of these symptoms consume large amounts of national health care sources. Proton pump inhibition (PPI) therapy alone costs 15 billion dollars every year, and to this one can add outpatient physician visits, costs of endoscopy, other diagnostic procedures and emergency room visits.

Life was simple before the advent of PPI; it was thought that heartburn was caused by acid and pain; “angina like pain” of esophageal origin was due to the esophageal spasm. With the availability of PPIs in the 1980s, it became possible to suppress gastric acid, almost completely, but what became clear was that a large number of patients continue to experience heartburn and chest pain even when there is no acid in the esophagus and stomach. Different investigators may argue as to the size or proportion of patients who do not respond to PPI therapy; however, it is clear that the majority of patients seen by physicians fall into the above category, especially with the availability of over-the-counter PPI drugs. Another important observation, that there is no temporal correlation between esophageal pain and abnormal motility, has led to debunking esophageal spasm as the cause of esophageal pain.

The 14 chapters of this book, each brief, highlight the state of the art in this field. Each is written by an opinion leader who has contributed significantly to the scientific literature in the field. All authors have been active for more than 20 years and have published a large number of original papers. Authors were asked to cover the state of the art in their respective areas of expertise and were not influenced in any way. Readers may find areas of agreement and significant disagreement among the authors. As I read each of these chapters, I thought perhaps the contributors should develop consensus and present a unified point of view to the readers, but then realized that is probably not reality. The fact that there are disagreements among the experts suggests that this book will not be the last to be published in this field, but rather reflects the current state of the art. Furthermore, as in all areas of medicine, we have come far from where we were 25 years ago (when I started investigating the esophagus), but we still have far to go and perhaps have only scratched the surface.
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