Rumination syndrome: characterization by esophageal manometry and multichannel intraluminal impedance

Syndrome de rumination : caractérisation par manométrie œsophagienne et impédancemétrie

Rumination syndrome is a functional gastrointestinal disorder whose diagnosis is essentially clinical [1]. However, its clinical features are not always clear or complete and a complementary examination may help in the diagnosis [2,3]. This case illustrates how the use of combined esophageal manometry (EM) and multichannel intraluminal impedance (MII) can be useful in identifying rumination syndrome. A normal 23-year-old woman complained of repeated episodes of regurgitation immediately after meals, with no prior nausea, for three years. The regurgitated material was always recently ingested food. The episodes occurred for less than 1 min and ended when the regurgitated material became acidic. After regurgitating the material, it was swallowed immediately without being rechewed. She did not have dysphagia or odynophagia, had occasional heartburn and reported vomiting only during trips or anxious situations. During adolescence, she was diagnosed with bulimia nervosa. EM and MII were performed simultaneously and during the 33 min following the ingestion of the test meal, the patient swallowed spontaneously 63 times. Each swallow was correlated to a characteristic EM and MII pattern (Fig. 1). EM tracing (upper panel) showed an increase in intragastric pressure, followed by increases in intraesophageal pressure in all channels (common cavity) and then by a swallow-induced peristaltic sequence. The MII tracing (lower panel) shows a drop in impedance starting distally and progressing orally (retrograde flow) associated with the straining observed in the EM tracing. The onset of gastric strain as shown by manometry (arrow) occurred before the onset of esophageal liquid retroflow as shown by impedance (head arrow). The features of combined EM and MII impedance seen in this case are similar to those reported by others [4,5] and indicate that this technique is useful for distinguishing rumination from postprandial belching-regurgitation.

Références


L.R.O. Aprile∗
Faculdade de Medicina, USP Ribeirão-Preto, Avenida Bandeirantes, 3900, Departamento de Clínica Medica, Ribeirão-Preto, Brazil

D. Sifrim
Faculty of Medicine, Laboratory of Gastrointestinal Physiopathology, Leuven, Belgium

R.O. Dantas
R.B. Oliveira
Faculdade de Medicina, USP Ribeirão-Preto, Ribeirão-Preto, Brazil

∗Corresponding author.

Adresses e-mail : lilian@ccinet.com.br (L.R.O. Aprile), daniel.sifrim@med.kuleuven.ac.be (D. Sifrim), rodantas@fmrp.usp.br (R.O. Dantas), rbdolive@fmrp.usp.br (R.B. Oliveira).

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