

洪OO1731988J, 51歲, 女性, 病史

指定科別 不分

表示轉診紀錄 表示外院紀錄

看診日期	科別	看診醫師	就醫類別
20201008	GI	連漢仲	門診
20200806	GI	連漢仲	門診
20200709	GI	連漢仲	門診
20200106	GI	連漢仲	門診
20191209	GI	連漢仲	門診
20191111	GI	連漢仲	門診
20190819	GI	連漢仲	門診
20080514	NS	鄒錫凱	門診
20080402	NS	鄒錫凱	門診

SOAP 診斷及處方 檢查及治療 外院病歷/報告

Subjective

Acid regurgitation, heart burning sensation persisted after taking PPI for 3 years
s/p esophageal RFA for GERD on 2018/9/14
s/p duodenoscopy on 2019/6/29
No nausea, vomiting, dysphagia, odynophagia, weight loss was noted.

Objective

身高 cm 體重 kg BP / mmHg PR /min
血糖 耳溫 °C 腰圍 頭圍 cm
ABC(-)
No allergy or operation history

Assessment

GERD rule out functional heart burn

Planning

1. The patient ask 24 hours pH
2019/08/19 ACIDIC MOUTH, AR FOR 2 YEARS, PND:+, ALLERGIC RHINITIS, BWL 3 KG/2Y, /P STRETTA ON 1080914 IN VAIN
10807 UE: GR A EE OR NEGATIVE IN CHENG-CHING H. SUGGEST 24 H PH TEST , LUMP THROAT
2019/11/11 SHE UNDER WENT STRETTA PROCEDURE 1 Y AGO 1080914. NO TIME FOR 24 H PH, THE MOST BOTHERSOME SYMPTOM IS ACIDIC MOUTH (8/10 VAS), PND & THROAT DISCOMFORT, FLATULECE FOR 2+ YEARS. ALLERGY:+, LUMP THROAT (4/10 VAS), BM: 1/D
2019/12/09 A1C 6.0 , ACIDIC MOUTH (10/10 VAS) AND PND ARE THE MOST BOTHERSOME SYMPTOMS. 24H PH-IMP: INCREASED AET AT NIGHT AND DAY (I VIEWED IT), TRY BID PPI THEN CONSIDER 24 H AGAIN
2020/01/06 IMP LITTLE. AET 9% IN YUAN-SEN DR WU
2020/07/09 ACIDIC MOUTH (6/10 VAS) ALL DAY LONG & DEPRESSED MOOD, SYMPTOMS PERSISTED REGARDLESS OF PPI USE, BM: OK, OCCASIONAL DYSPEPSIA, SLEEP: OK,
2020/08/06 ACIDIC MOUTH PERSISTED, MOOD:OK, OCCASIONAL DYSPEPSIA, BM: OK.
LESS PND , SUGGEST VEGE SMOOTHIE
2020/10/08 acidic mouth, mild stomach burning, BM: ok, no AR, PND, ACIDIC MOUTH (6/10 VAS)

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SOAP 診斷及處方 檢驗查及治療 外院病歷/報告

診斷

主	疑	診斷名稱	診斷碼(10)	診斷碼(9)	停用
Y	<input type="checkbox"/>	GERD	K21.9	530.11	N

處方 <<本次開立慢箋2個月>>

處方名稱	天數	劑量	單位	頻次	途徑	總量	單位	慢箋	自購	磨粉	M值	註	明細
Biofermin tab	56	6	TAB	TID	PO	1008	TAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	XX		明細
NasoNEX nasalspray	0	2	PUF	QD	NA	0	BOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6*		明細
10mg Singulair tab	28	1	TAB	HS	PO	28	TAB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6*		明細
Flupine tab 0.25mg	0	0.50	TAB	QN	PO	0	TAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2*		明細
XyzaL tab 5mg	0	1	TAB	QD	PO	0	TAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6*		明細
(口)Takepron OD tab 30mg	0	1	TAB	BIDAC	PO	0	TAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8*		明細

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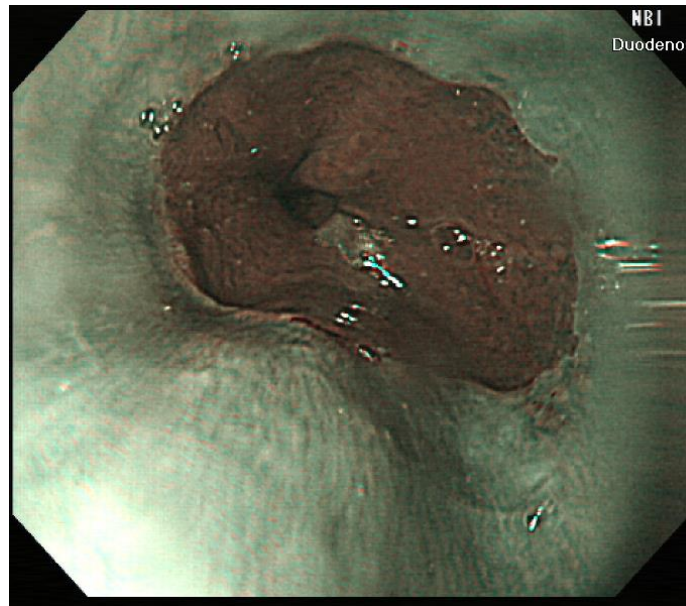
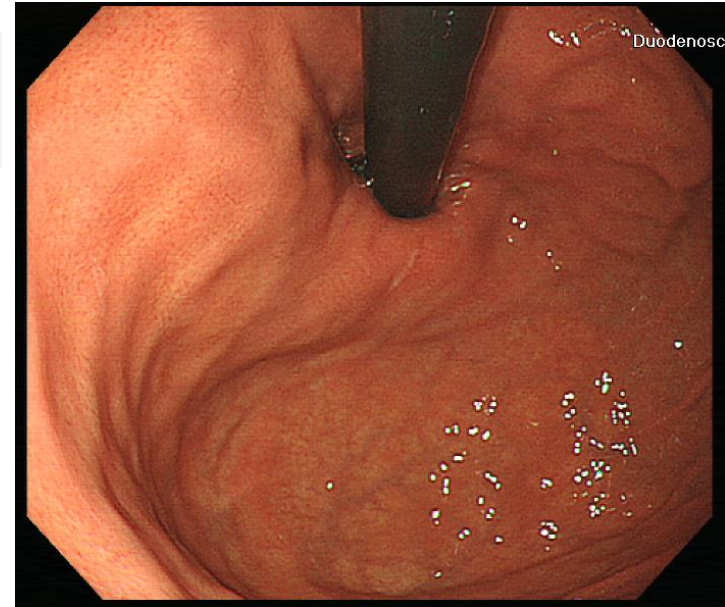
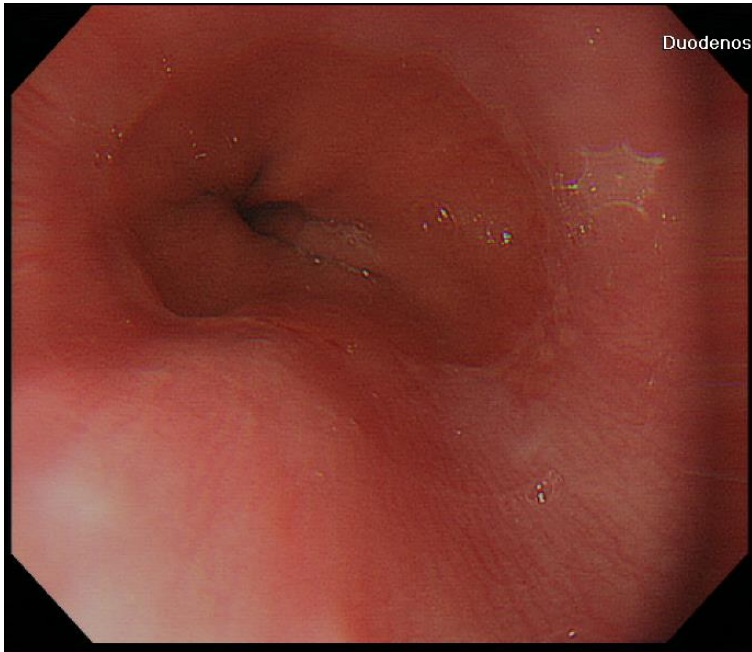
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532 洪OO1731988J, 胃鏡結果 1090117

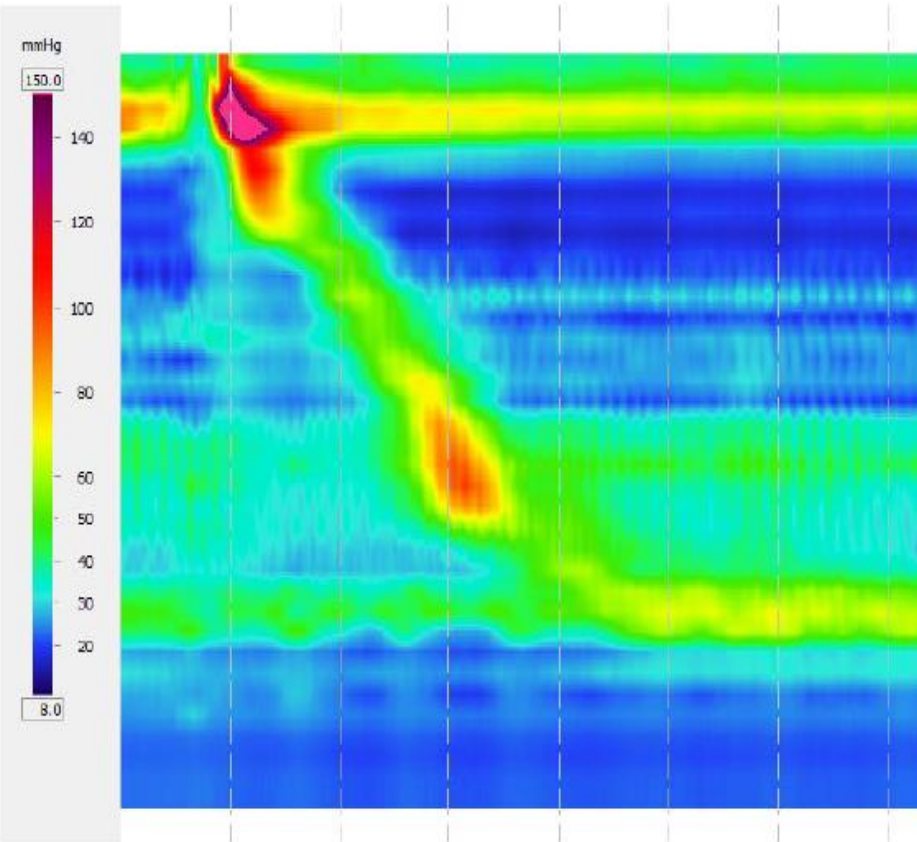
DIAGNOSIS/IMPRESSION:

1. Reflux esophagitis, LA, Gr A

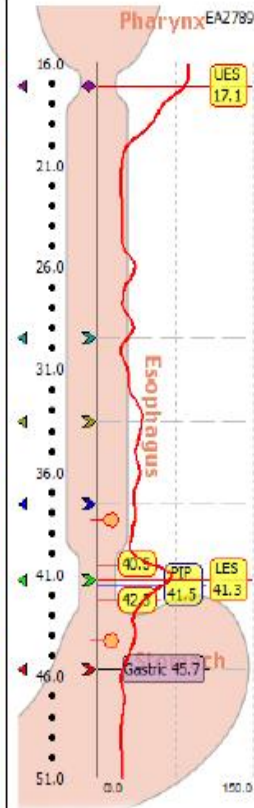


532 洪001731988J, HRM 1080820

Swallow Composite (mean of 10 swallows)



Resting Pressure Profile & Anatomy



Basal Pressures*

LES, respiratory mean(mmHg) 49.2 (13-43)
UES mean(mmHg) 81.1 (34-104)

Anatomy*

LES proximal(cm) 40.5
LES intraabdominal(cm) 0.8
Esophageal length(cm) 24.2
Hiatal hernia No

Motility*

Number of hypercontractile swallows 2
Incomplete bolus clearance(%) 0
Bolus transit time(s) 4.8

Residual Pressures*

LES (median)(mmHg) 20.4 (<15.0)
UES (mean)(mmHg) 40.5 (<12.0)

洪001731988J, HRM 1080820 IN A 醫院

Lower Esophageal Sphincter Region		<u>Normal</u>	Esophageal Motility	<u>Normal</u>
Landmarks			Number of swallows evaluated	10
Proximal LES (from nares)(cm)	40.5		Chicago Classification	
LES length(cm)	1.8	2.7-4.8	% failed	0
Esophageal length (LES-UES centers)(cm)	24.2		% weak	0
Intraabdominal LES length(cm)	0.8		% ineffective	0
Hiatal hernia?	No		% panesophageal pressurization	0
LES Pressures			% premature contraction	0
Pressure meas. method	eSleeve, IRP		% fragmented	0
Basal (respiratory mean)(mmHg)	49.2	13-43	% intact	100
Residual (median)(mmHg)	20.4	<15.0	Number of hypercontractile swallows	2
			Impedance analysis	
			Incomplete bolus clearance(%)	0
			Bolus transit time (sec)	4.8
Upper Esophageal Sphincter		<u>Normal</u>	Pharyngeal / UES Motility	<u>Normal</u>
Mean basal pressure(mmHg)	81.1	34-104	No. swallows evaluated	10
Mean residual pressure(mmHg)	40.5	<12.0	Evaluated @ 2.0 & 3.0 above UES	
			Mean peak pressure(mmHg)	30.2

Chicago Classification Findings*

EGJ: Outflow obstruction

Median IRP (20.4 mmHg) is greater than 15 mmHg

Esophageal body:

Finding: EGJ Outflow Obstruction

Indications

refractory GERD symptom after post-Stretta procedure evaluation

Interpretation / Findings

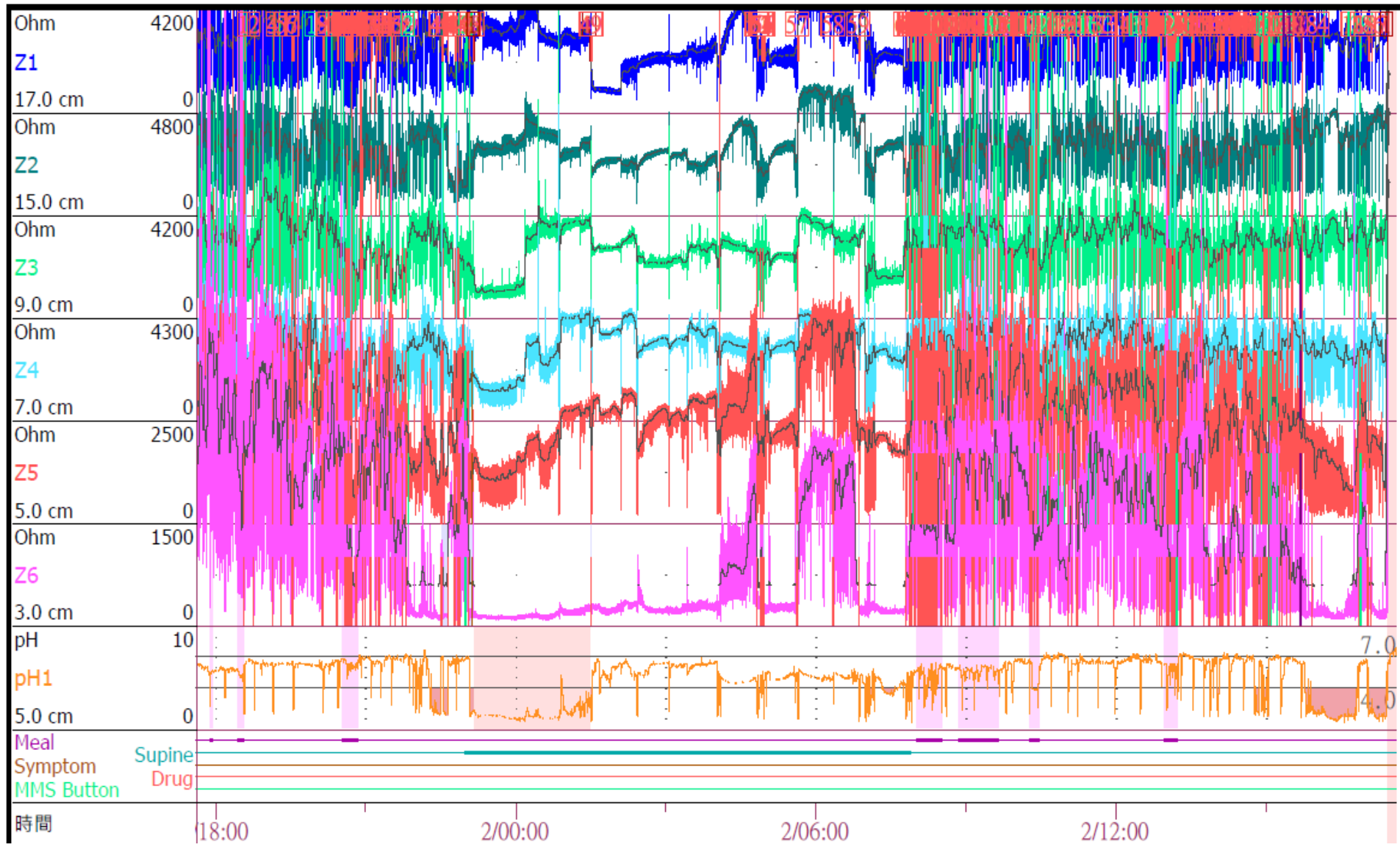
In 10 swallowing, all showed intact peristalsis. EGJ morphology was type I. LES IPR 4sec was 20.4 mmHg (<15 mmHg). Impedance analysis showed fluid flowing into stomach. No reflux was noted during examination. According to Chicago's criteria version 3.0, esophageal outlet obstruction was impressed. Etiology including mechanical obstruction or incompletely expressed achalasia. CT or Barium esophagography may help further diagnosis and management.

Impressions

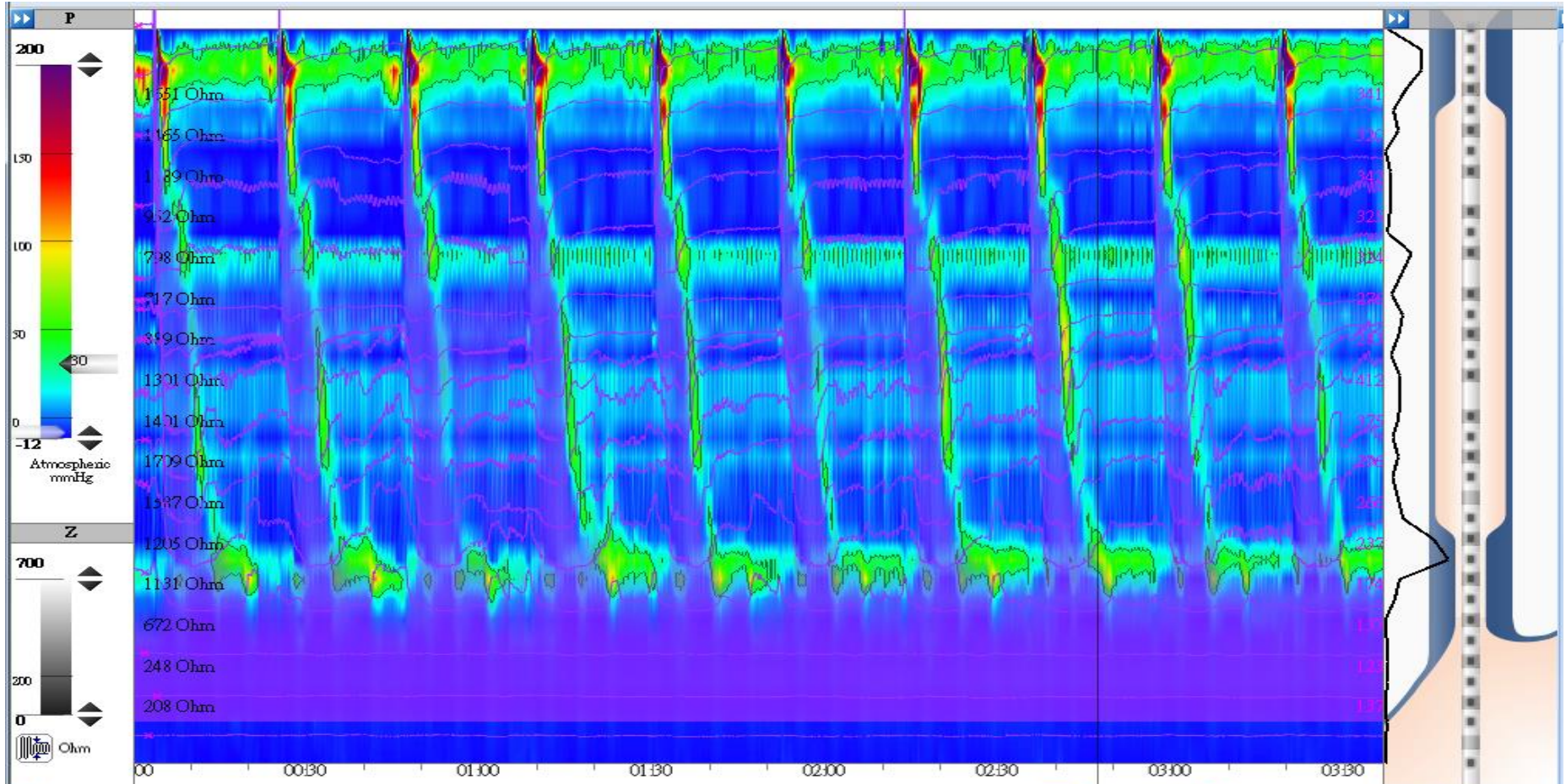
Esophageal outlet obstruction, r/i mechanical obstruction, d/d: early achalasia, may c/w s/p Stretta procedure

洪001731988J, pH 1080820 IN A醫院

AET (%) TOTAL 9.3(<4.2), UPRIGHT 11.1(<6.3), SUPINE 5.3(1.2)



洪OO1731988J, HRIM 1090117



Average of 10: Wet swallow 5 ml

Show in table Shown in report Go to Overview

LES pressure: 43
UES pressure: 41
IRP: 27 (<21)
DCI: 413
DL: 8.0

LES

Upper border	40.1	cm
Lower border	43.9	cm
Length	3.8	cm
Median IRP4	27.14	mmHg
IRP 4 s	27	mmHg

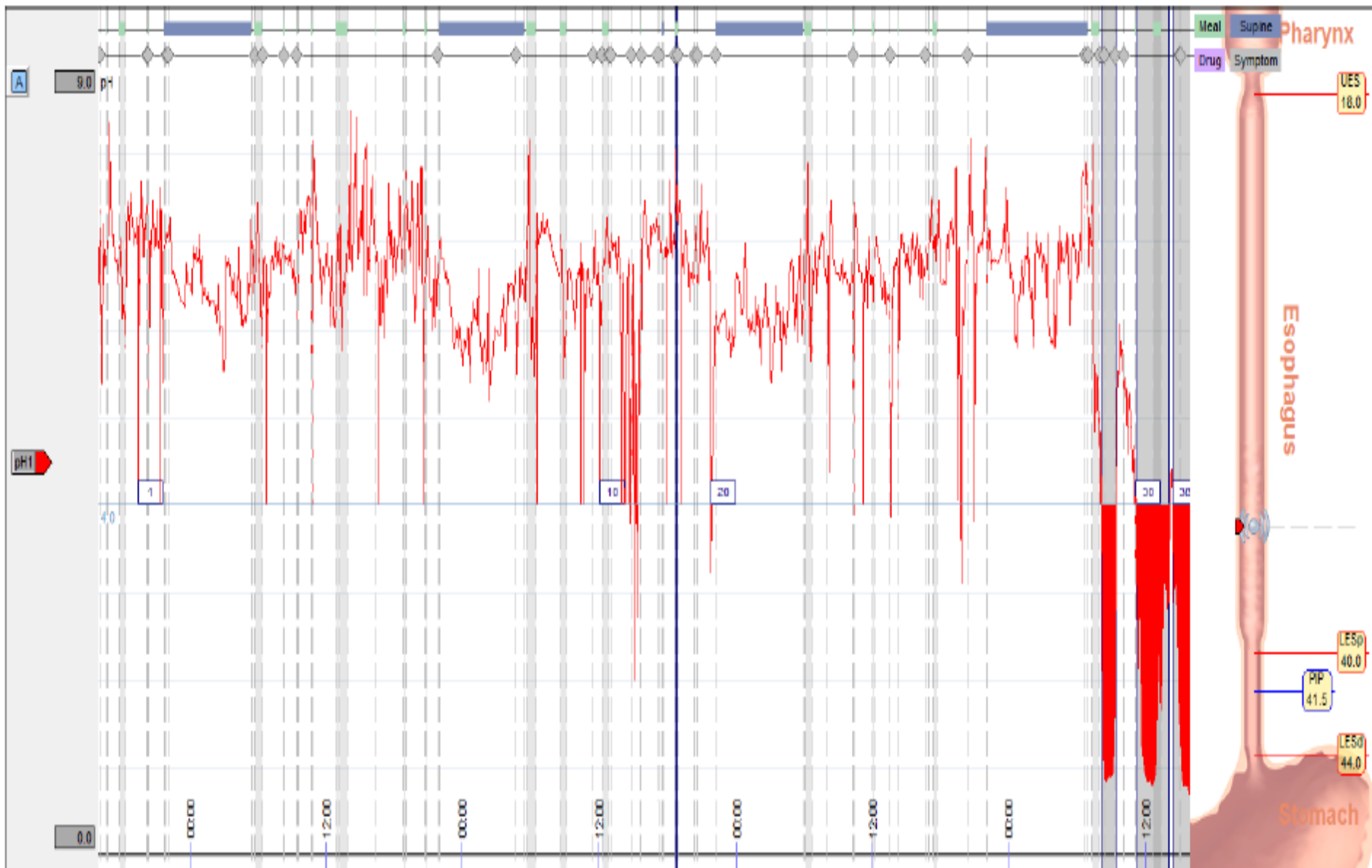
Esophagus

DCI	415	mmHg.s.cm
DCIa	19	mmHg.s
Peristaltic breaks	1.4	cm
Distal Latency	8.0	s
Largest break	1.1	cm
DCI Exp.	474	mmHg.s.cm

Classification

LES Obstruction3	是*
Chicago classification3	EGJ outflow obstruction*
LES Obstruction	是*
Bolus transit	Undefined

洪OO1731988J, BRAVO 1090605



洪OO1731988J, BRAVO 1090605

FRACTION TIME OF PH < 4.0 = 1.1 % (NORMAL 4.0 ~ 4.5 %)

DEMEOSTER SCORE = 4.4 (NORMAL 14 ~ 15)

AET/no. of Reflux	TOTAL	UPRIGHT	SUPINE	
DEMEESTER SCORE	(<4.2%)/(<80)	(<6.3%)	(<1.2%)	(<14.7)
96 HRS	1.1/40	1.7/40	0.0/0	4.4
DAY 1	0.2/4	0.4/4	0.0/0	1.1
DAY 2	1.5/13	2.2/13	0.0/0	4.0
DAY 3	0.9/7	1.3/7	0.0/0	4.1
DAY 4	1.9/16	4.0/16	0.0/0	7.1

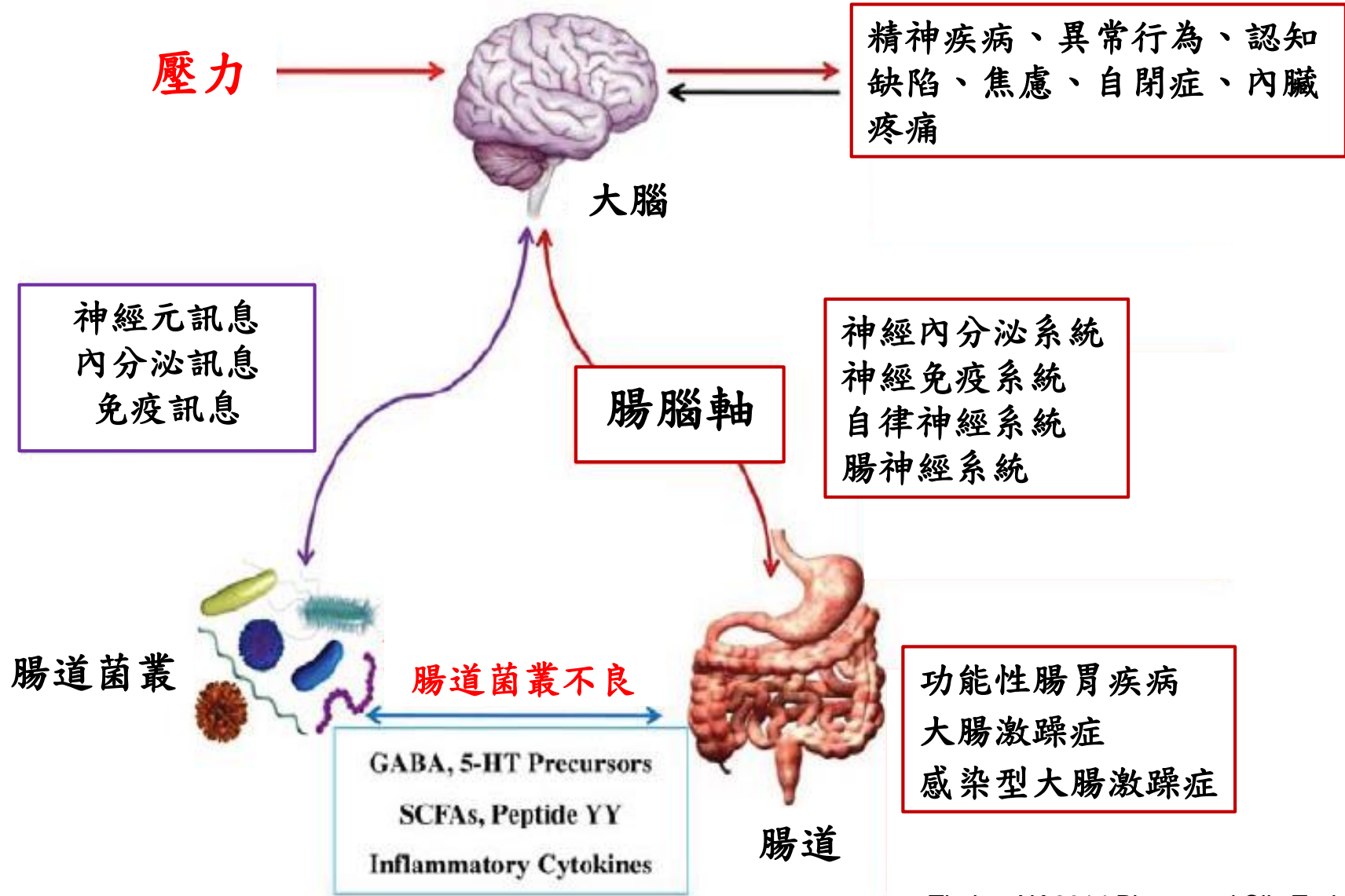
THIS IS A BRAVO PH TEST, WHILE THE PATIENT WAS OFF PPI DURING THE STUDY. THE STUDY WAS STARTED AT 16:05 ON 06.05 AND ENDED AT 15:54 ON 06.09. SYMPTOM INDEX (<50%): HEARTBURN 0% (0/1), COUGH 0%(0/1), REGURGITATION 0%(0/20), ABD DISTENSION: 0% (0/2) ABD PAIN: 0%(0/2). SHE REPORTED TOTAL 36 SYMPTOM EVENTS DURING THE RECORDING PERIOD, BUT NOT RELATED TO REFLUX, THESE SUGGEST A LOW POSSIBILITY OF GERD-RELATED REGURGITATION.

洪001731988J, Follow-up

	108 12/9	109 1/17	109 2/4	109 6/5	109 7/9	109 8/6	109 10/8
用藥	BID PPI	--	--	--	Singulair Biofermin	Singulair Biofermin (SUGGEST VEGE SMOOTHIE)	Biofermin
RSI總分 (0-45,<13)	--	18	17	10	12	8	5
RDQ總分 (0-40,<12)	--	13	19	15	14	12	12
GERDyzer 總分 (0-70分)	--	44	14	35.5	16.5	16	9.5

Gut-Microbiota-Brain Axis vs. Mental Health

腸微菌-腸腦軸與精神健康



- PPI refractory GERD, 外院檢查異常, 但PPI BID 無效, 檢查可能會有經驗技術的問題
- 當檢查有疑問時, 可用BRAVO (檢查4天)
- FHB治療: 腸-腦-軸治療, 抗焦慮藥, 益生菌, 飲食, CBT,
- PRO客觀, 量化症狀/生活品質