

## WHAT IS LPR?

During gastroesophageal reflux, the contents of the stomach and upper digestive tract may reflux all the way up the esophagus into the back of the throat and possibly the back of the nasal airway. This is known as laryngopharyngeal reflux (LPR) or “silent regurgitation”. Compared to the esophagus, the voice box and back of the throat is much more sensitive to the effects of acid on the tissues. Once the acid comes in contact with the back of the throat, even if only for a second, a digestive enzyme called PEPSIN is left behind. This enzyme is normally in the stomach so it can break down proteins that we eat, but when it pools in the back of the throat, it starts to break down the tissues there, causing symptoms of LPR. It can also be reactivated by foods we eat. When the food itself is high in acid (many processed foods) and the Pepsin has already been deposited in the back of the throat, the acid in the food passes by the Pepsin and reactivates it, causing increased irritation to the tissue, which is why alkaline water and a low acid diet in conjunction with medication is so important.

Adults with LPR often complain that the back of their throat has a bitter taste, a sensation of burning, foreign body sensation or something stuck, chronic hoarseness, difficulty swallowing, throat clearing, sore throat, wheezing AND/OR difficulty with the sensation of drainage from the back of the nose (postnasal drip). MANY PATIENTS WITH LPR DON'T EXPERIENCE HEARTBURN.

In infants and children, LPR may cause breathing problems such as: cough, hoarseness, stridor (noisy breathing), croup, asthma, sleep-disordered breathing, feeding difficulty (spitting up), turning blue (cyanosis), aspiration, pauses in breathing (apnea), apparent life-threatening event (ALTE), and even a severe deficiency in growth. Proper treatment of LPR, especially in children, is critical.

