

“There’s a lump in my throat”¹

WE LISTEN IN AS ONE EXPERT
UNRAVELS A MEDICAL MYSTERY.

AS TOLD TO WINNIE YU



THE SYMPTOMS

For months, Melissa had been having trouble swallowing, and she often felt as if she had a lump in her throat. Her voice sounded hoarse, and she had a dry cough. Even more troubling, Melissa was plagued by mild chest pain. She wondered if the 30 pounds she had gained after giving birth 5 years ago was to blame, and she was especially worried because her dad had died of heart disease.

On nights when Melissa worked late—she managed a retail store—she often ate dinner right before bed, which led to indigestion. Taking an antacid usually helped her stomach—but not the pain in her chest. One night the pain was especially severe; it eased a short time after it started, but she still had trouble swallowing. Melissa scheduled a visit with her physician for the following week.

THE EVALUATION

Because of Melissa’s concern about heart disease and her complaints of chest pain,

PATIENT *Melissa H.*

AGE 42 **HEIGHT** 5'7"

WEIGHT 185 LBS

SYMPTOMS CHEST PAIN,
DIFFICULTY SWALLOWING,
HOARSENESS, WEIGHT GAIN

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her physician ordered an electrocardiogram (EKG), but the results were normal. He then wondered if her symptoms—especially the trouble swallowing—might indicate a gastrointestinal problem. He referred Melissa to my office.

When I first met Melissa, I took her medical history. She also filled me in on her weight concerns. I asked her about her diet, and she told me that she had a passion for chocolate, spicy foods, and coffee.

THE DIAGNOSIS

Based on Melissa’s symptoms, I suspected that she had gastroesophageal reflux disease (GERD), which occurs when the muscles of the esophagus relax and stomach acid leaks back into the esophagus. Although GERD often causes heartburn, some patients have chest pain, a lump in the throat, a cough, or hoarseness instead—exactly the symptoms Melissa described.

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Most patients can be diagnosed with GERD based on symptoms alone: If they respond to treatment, the diagnosis is confirmed.

THE TREATMENT

Because Melissa reported trouble swallowing, I wanted to make sure there wasn't serious damage to her esophagus. For that reason, I ordered a test in which she was sedated while a scope was inserted through the mouth and into the stomach. Fortunately, she did not have any significant buildup of scar tissue (in some GERD sufferers, scar tissue builds up in the esophagus, sometimes causing blockages as well as tumors that may become cancerous).

In order to ease her symptoms and prevent future damage, I prescribed a proton pump inhibitor (PPI), a drug that reduces the acid that is secreted in the stomach.

CASE CLOSED

I explained to Melissa that medication was just part of the equation: She also had to make lifestyle changes and take off those lingering post-baby pounds. Studies have shown that gaining even a little weight increases a woman's risk

REDUCE YOUR RISK NOW

❖ **QUIT SMOKING** GERD occurs when stomach acid leaks back into the esophagus, and smoking weakens the sphincter that separates the esophagus from the stomach.

❖ **LOSE WEIGHT** Excess pounds put pressure on the stomach, which may cause acid to back up into the esophagus.

❖ **EAT SMALLER MEALS** You'll aid your weight-loss efforts and avoid the extra-fullness that increases the risk of acid reflux.

for GERD. I also urged Melissa to limit her intake of coffee, chocolate, and fried and spicy foods.

Over the next 3 months, Melissa lost 8 pounds. She was taking her medication, and she cut back her coffee consumption to one cup per day. Although she couldn't resist chocolate and Mexican food, Melissa started viewing them as occasional treats. As a result, she was no longer suffering from chest pain or having trouble swallowing, and her voice was no longer hoarse. Once her symptoms had eased, I was certain that my diagnosis was correct. 