AGENDA
Multichannel Intraluminal Impedance
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Introduction: 24 hr ambulatory pH study: When it is and when it is not indicated?

What is Impedance? Definition

Impedance recording. Equipment, Technique: technical recommendations, catheter placement

When to perform pH probe study and when a 24 hr Multichannel Intraluminal Impedance?

Special considerations: On or off medications? Special or regular foods? What should we avoid?

How to interpret the tracings? The report.

Caveats.

When would you consider repeating a study?

Discussion of Clinical cases:

Patient 1

Is a 17 month male with history of cough since 6 months of age. He was initially seen by a gastroenterologist who believed that his cough was due to reflux and started him on a omeprazole and Zantac. These medications did not help his cough, and he was referred to pulmonology. He was then started on Pulmicort and albuterol without change in symptoms. He has had two questionable aspiration pneumonias in the past.

His cough does not happen in relation to eating or lying down. He does not have vomiting, nausea or constipation. He has not had any fevers. He previously had a normal UGI and has had a MBS that did not show aspiration. He had a normal laryngoscopy by ENT. He is currently following a milk-free diet. This was instituted by his parents because of his siblings’ milk intolerance. It has not made a difference in his cough. An upper endoscopy was normal including biopsies.

Patient 2

Is a 17 month old male. Reason for consult: Vomiting and underweight. HPI: complicated medical history including Down syndrome, congenital right diaphragmatic hernia s/p two repairs, aspiration and a G-tube due to his feeding difficulty and dehydration. He has had vomiting after g-tube feeds. His formula was changed from Nutren Junior to EleCare. He was started Zantac 24mg at lunch and his Prilosec was increased to 8mg twice
per day. An EGD is normal. Meds: Flovent 44mcg 2 puffs INH twice per day, albuterol 90mcg MDI q4 PRN, Synthroid 25mg po daily, omeprazole 8mg BID, Zantac 24mg with lunch, erythromycin 30mg TID.

References:


