Outlook for the Management of Gastroesophageal Reflux Disease (GERD): No Esophagus Stands Alone

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Dear reader,

At this point, we may summarize the novelties presented in the book and suggest their relevance for future developments. The team of outstanding and highly reputed expert authors orchestrated a fascinating spectrum of open-minded chapters pointing out that the management of gastroesophageal reflux disease (GERD) and Barrett's esophagus (BE) *should consider* the embryological, anatomical, physiological, histological characteristic, and properties of the esophagus during well-being and during disease. As a consequence, these qualities define the requirements, which should be met, and can be met, as we have demonstrated, by modern GERD management.

16.1 Multidisciplinary Management

Due to the anatomy of the esophagus, reflux affects multiple organs and tissues including the diaphragm, chest, throat, ears, mouth, tongue, nose, teeth, lips, lungs, heart, head, neck, and eyes. Maybe it also may affect thyroid function via the vagal nerve mediated reflexes. Thus, GERD management requires a multidisciplinary approach. As a consequence, the esophagus connects people, the esophagus connects experts, and the esophagus may be the cradle for true (and not superficial) friendships and cooperation. As outlined in the book, the esophagus brings together people coming from different fascinating specialities, and every speciality describes

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S. F. Schoppmann, M. Riegler (eds.), *Multidisciplinary Management of Gastroesophageal Reflux Disease*, https://doi.org/10.1007/978-3-030-53751-7_16

his or her individual image of GERD and BE, and thus aids to orchestrate a novel entire image of the disease, the *Gesamtkunstwerk*. Thus, the first lesson learnt from this book says: management of GERD and BE should be multidisciplinary because together we are strong and no physician is an island, no physician stands alone, *no esophagus stands alone*. As such, multiple aspects of GERD diagnosis and therapy are taken within the book.

16.2 GERD Defined at the Cellular Level

Our novel understanding demonstrates that GERD and BE result from the failure of the lower esophageal sphincter and should be defined at a cellular level. Since 30 years, the pathologist *Para Chandrasoma* demonstrates that GERD can be assessed at the cellular level [1, 2]. Only few groups were convinced of his concept and included it into their clinical routine [3–8]. Fortunately, his efforts are now gaining increased acceptance and may help to positively turn the tables in GERD management [9]. Thus, supporting this concept, the US expert gastroenterologist *Stuart Spechler* recently admits, that cardiac mucosa is abnormal, results from reflux, and represents the precursor for Barrett's esophagus [9]. As outlined in this book, reflux induces a sequence of cellular changes, which can be assessed and followed by the histopathology of biopsies obtained from the lower esophagus and the squamocolumnar junction. Briefly, reflux induces the replacement of squamous lined by columnar-lined esophagus (CLE). Thus, the so called *squamo-oxyntic gap* (SOG) develops and represents a highly specific histologic marker for reflux. The SOG interposes between the normal squamous-lined esophagus and the oxyntic mucosa of the proximal stomach. The book nicely describes how the qualities of the squamo-oxyntic gap (length, cellular composition) associate with other typical features of GERD including dysfunction of the lower esophageal sphincter, hernia formation, esophagitis, Barrett's esophagus, development of dysplasia, and cancer.

16.3 Future GERD Management

Going in line with this book, modern GERD management is *multidisciplinary* and follows an *individualized*, *tailored* approach including the following algorithm:

Patient history assesses the reasons for the impairment of life quality and well-being (symptoms, requirement for medical therapy, cancer risk, family history, etc.)

Endoscopy, histopathology, and esophageal function tests (manometry, reflux monitoring) assess the size of lower esophageal sphincter dysfunction, cancer risk.

Therapy aims to fix the lack of function and normalcy by tailored therapy: lifestyle, medical, interventional (endoscopic resection), surgical management (anti-reflux surgery), and surgical oncology.

Follow-up makes sure that life quality and well-being are maintained, i.e., absence of symptoms and cancer risk.

Here we want to thank the authors and their families (wives, husbands, kids) for their passion, humility, and respect required for the preparation of the chapters. We thank Springer for being allowed to publish the book. Finally, we thank you, dear reader, that you take your time sharing with us these fascinating aspects regarding the management of GERD and BE.

Taken together, the book is all about us, about the human being, about the way we live, think, eat, drink, and exist, and how we deal with *our* nature. May the outlook motivate you to orchestrate a positive GERD management and have fun at do (fundo*plication*) and enjoy your life, stay tuned, resist group think and despotism and allow yourself to lively up yourself, NOW!

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