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Preface

Heartburn, esophageal pain, and extra-esophageal manifestations of gastroesophageal reflux symptoms are the most prevalent symptoms in western society, and they are becoming increasingly the same in the developing world. Pathogenesis and treatment of these symptoms has evoked significant interest, but they still remain veiled in deep mystery and represent one of the most controversial areas of medicine in the 21st century. Although these disorders represent benign diseases, the financial and others costs clearly are not benign. Pharmacologic therapy of these symptoms consume large amounts of national health care sources. Proton-pump inhibition (PPI) therapy alone costs 15 billion dollars every year, and to this one can add outpatient physician visits, costs of endoscopy, other diagnostic procedures and emergency room visits.

Life was simple before the advent of PPI; it was thought that heartburn was caused by acid and pain; “angina like pain” of esophageal origin was due to the esophageal spasm. With the availability of PPIs in the 1980s, it became possible to suppress gastric acid, almost completely, but what became clear was that a large number of patients continue to experience heartburn and chest pain even when there is no acid in the esophagus and stomach. Different investigators may argue as to the size or proportion of patients who do not respond to PPI therapy; however, it is clear that the majority

of patients seen by physicians fall into the above category, especially with the availability of over-the-counter PPI drugs. Another important observation, that there is no temporal correlation between esophageal pain and abnormal motility, has led to debunking esophageal spasm as the cause of esophageal pain.

The 14 chapters of this book, each brief, highlight the state of the art in this field. Each is written by an opinion leader who has contributed significantly to the scientific literature in the field. All authors have been active for more than 20 years and have published a large number of original papers. Authors were asked to cover the state of the art in their respective areas of expertise and were not influenced in any way. Readers may find areas of agreement and significant disagreement among the authors. As I read each of these chapters, I thought perhaps the contributors should develop consensus and present a unified point of view to the readers, but then realized that is probably not reality. The fact that there are disagreements among the experts suggests that this book will not be the last to be published in this field, but rather reflects the current state of the art. Furthermore, as in all areas of medicine, we have come far from where we were 25 years ago (when I started investigating the esophagus), but we still have far to go and perhaps have only scratched the surface.

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