INTRODUCTION

Gastroesophageal reflux disease (GERD) has become rather common in western countries over the past couple of decades. It has a profound effect on health economics, disturbs patients' quality of life and increases the risk for development of oesophageal adenocarcinoma. GERD usually presents with a burning sensation extending up along the sternum (heartburn), and regurgitation (defined major symptoms), but it may have a broad spectrum of atypical manifestations including chronic cough, asthma, non cardiac chest pain and otolaryngological symptoms.

None of the currently available para-clinical means of workup fulfill the standards to serve as a gold standard for diagnosis of GERD, therefore a carefully obtained history looking for typical and atypical symptoms of GERD is currently considered the best way to make the diagnosis.