

WEBINAR EXCLUSIF

Régurgitations : ce qu'il faut savoir en dehors du bavoir

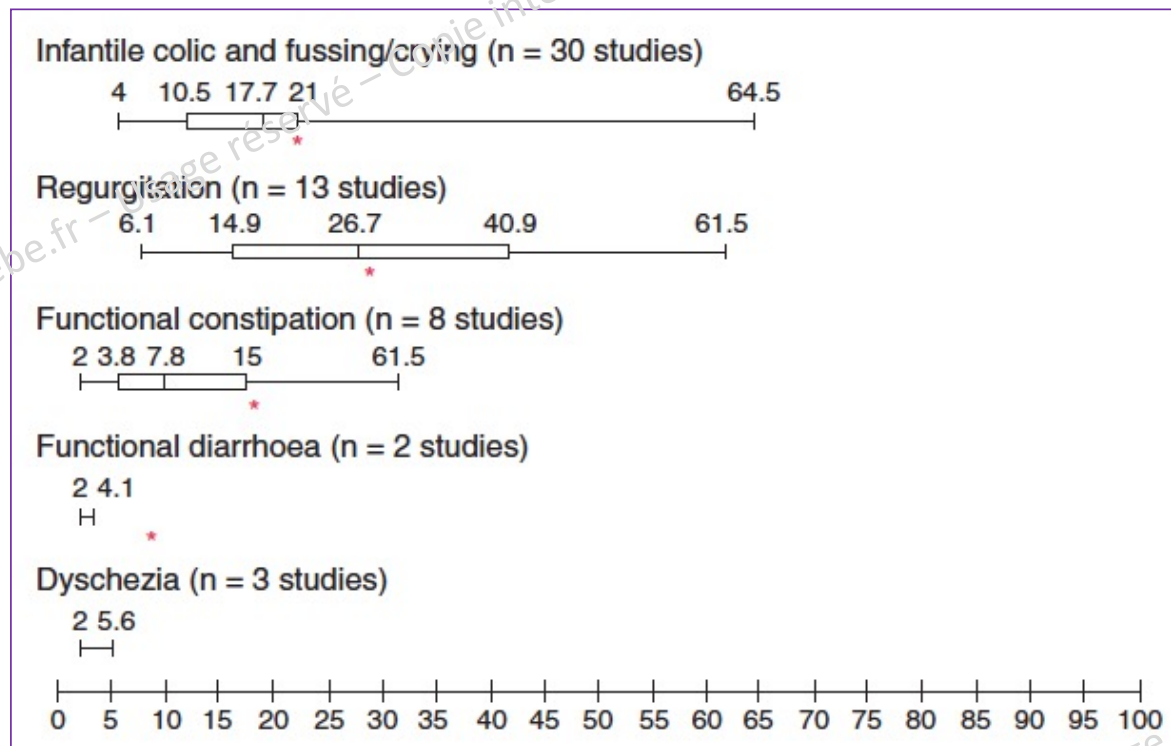


Dr Marc Bellaïche
(gastropédiatre)



Dr Christophe Batard
(pédiatre)

Le RGO en 2021 : des recommandations à la pratique...



- Prevalence and health outcomes of functional gastrointestinal symptoms in infants from birth to 12 months of age

Vandenplas Y, Abkari A, Bellaïche M et al.



Symptomatologie des régurgitations (ROME IV)



Tous ces symptômes doivent être présents pour porter le diagnostic de régurgitations chez des nourrissons de 3 semaines à 12 mois bien portants :

- 2 régurgitations/jour pendant au moins 3 semaines

Sans :

- nausée, hématemèse, apnée, retard staturo-pondéral, difficultés d'alimentation ou de digestion, posture anormale

- **Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. Gastroenterology 2016 ; 150 : 1443-1455.e2**
Benninga MA, Nurko S, Faure C et al.



Differential diagnosis of gastroesophageal reflux disease (GERD)

Gastrointestinal obstruction

- Pyloric stenosis
- Malrotation with volvulus
- Intussusception
- Hirschsprung disease
- Antral/duodenal web
- Foreign body
- Incarcerated hernia
- Superior mesenteric artery (SMA) syndrome

Neurologic

- Hydrocephalus
- Subdural hematoma
- Intracranial hemorrhage
- Intracranial mass

Infectious

- Sepsis/meningitis
- Urinary tract infection
- Upper/lower airway infection
- Otitis media
- Hepatitis

Toxic

- Lead poisoning
- Other toxins

Cardiac

- Heart failure
- Vascular ring

Metabolic/endocrine

- Galactosemia
- Hereditary fructose intolerance
- Urea cycle defects
- Amino and organic acidemias
- Fatty acid oxidation disorders
- Metabolic acidosis
- Congenital adrenal hyperplasia/adrenal crisis

Renal

- Obstructive uropathy
- Renal insufficiency

Other gastrointestinal disorders

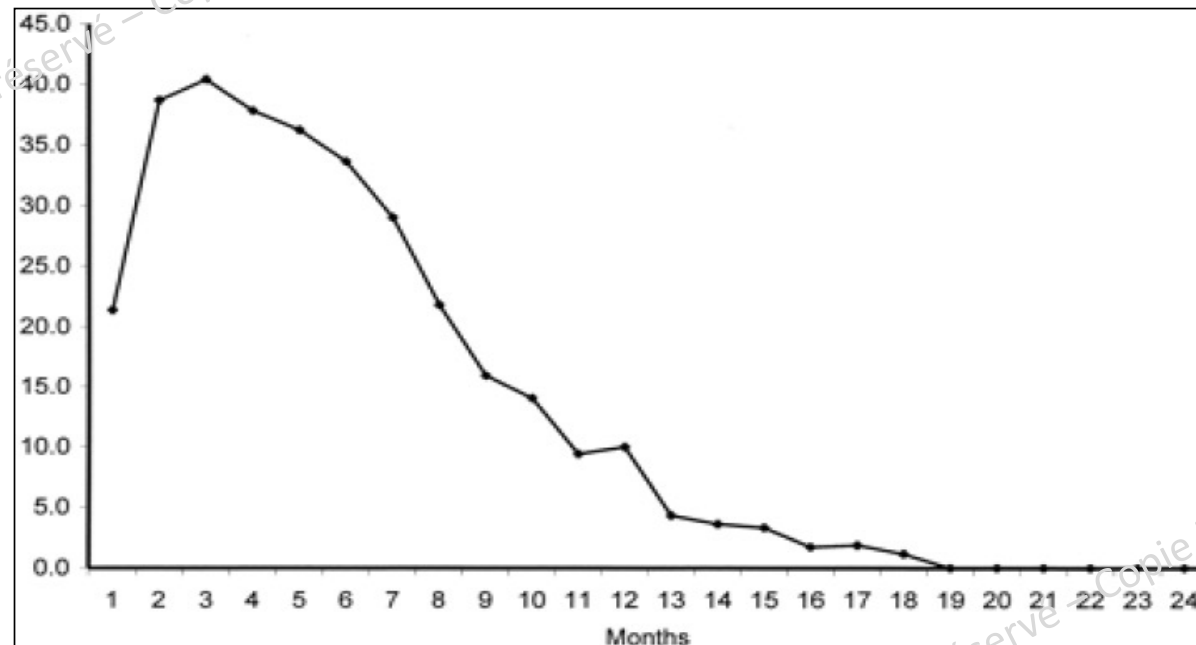
- Achalasia
- Gastroparesis
- Gastroenteritis
- Peptic ulcer
- Eosinophilic esophagitis
- Food allergy/intolerance
- Inflammatory bowel disease
- Pancreatitis
- Appendicitis

Others

- Pediatric condition falsification (PCF)/factitious disorder by proxy (FDP)
- Child neglect or abuse
- Self-induced vomiting
- Cyclic vomiting syndrome
- Rumination syndrome



Prévalence des régurgitations en fonction de l'âge chez le jeune enfant



- **Natural history and familial relationships of infant spilling to 9 years of age. Pediatrics 2002 ; 109 : 1061-7.**
Martin AJ, Pratt N, Kennedy JD et al.



2009



Journal of Pediatric Gastroenterology and Nutrition
49:498-547 © 2009 by European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and
North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition

Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition and the European Society of Pediatric Gastroenterology, Hepatology, and Nutrition

Co-Chairs: *Yvan Vandenplas and †Colin D. Rudolph

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¶Lynnette Mazur, #Judith Sondheimer, **Annamaria Staiano, ††Michael Thomson,

‡‡Gigi Veereman-Wauters, and §§Tobias G. Wenzl



2015

NICE National Institute for
Health and Care Excellence

Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people

NICE guideline

Published: 14 January 2015

nice.org.uk/guidance/ng1



Tous les chemins mènent à Rome... IV

Les régurgitations sont définies par les critères de ROME IV. En effet, les experts sont réunis à ROME pour caractériser au mieux les troubles fonctionnels intestinaux chez l'enfant et l'adulte.

Gastroenterology 2016;150:1443-1455

Childhood Functional Gastrointestinal Disorders: Neonate/Toddler



Marc A. Benninga,^{1,*} Samuel Nurko,^{2,*} Christophe Faure,³ Paul E. Hyman,⁴
Ian St. James Roberts,⁵ and Neil L. Schechter⁶



2018



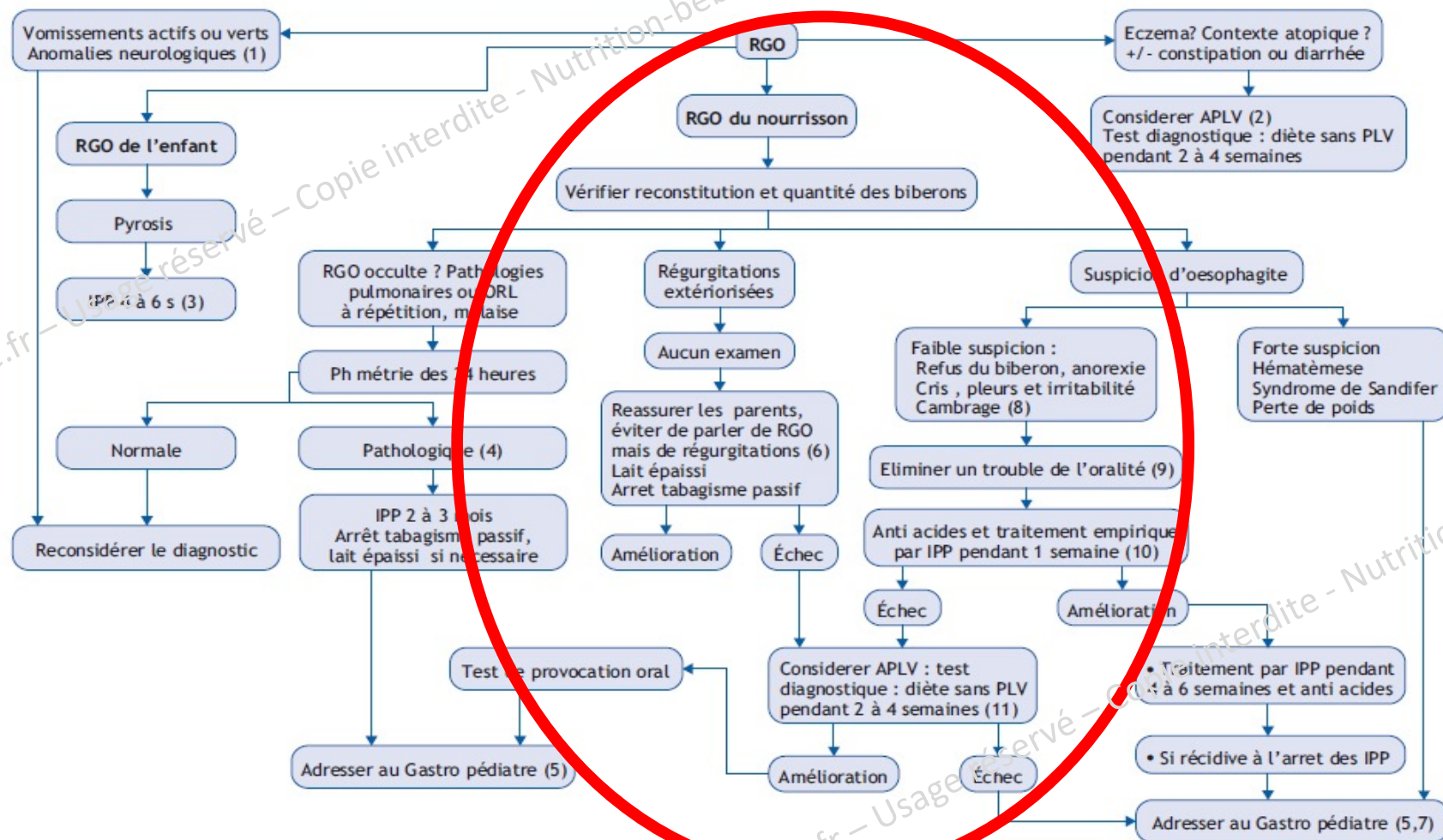
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**Pediatric Gastroesophageal Reflux Clinical Practice Guidelines:
Joint Recommendations of the North American Society for
Pediatric Gastroenterology, Hepatology, and Nutrition
(NASPGHAN) and the European Society for Pediatric
Gastroenterology, Hepatology, and Nutrition (ESPGHAN)**

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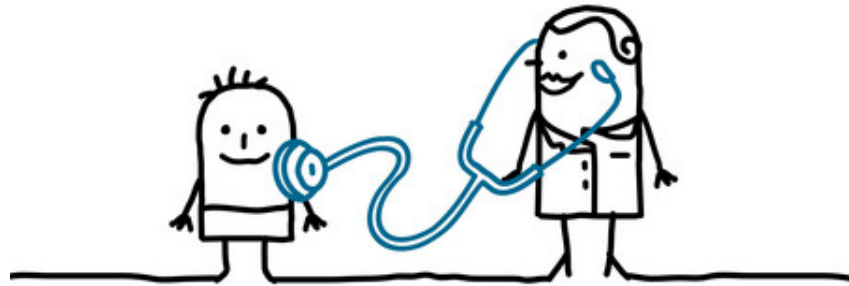




En pratique ?

Toutes les recommandations insistent sur l'importance de la réassurance maternelle

Écoute empathique



Les régurgitations cliniques sont diminuées par les formules épaissies (grade A)



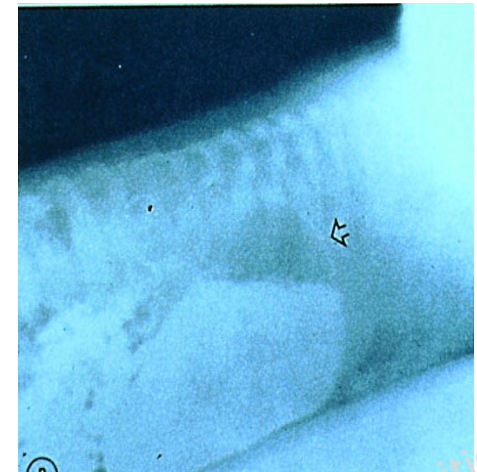
Question de volume



Au TOGD

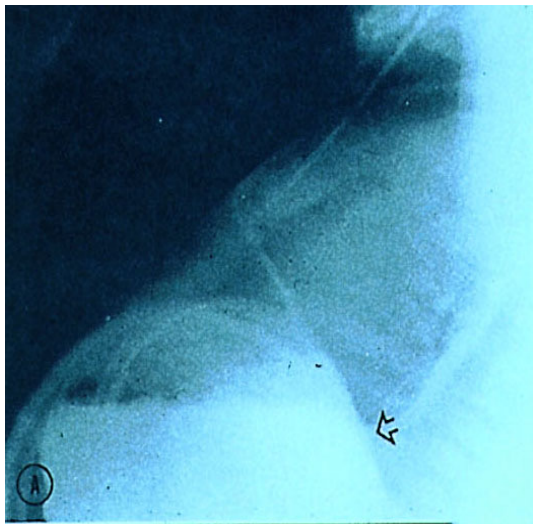
En proclive ventral 30°

Projection du bas de l'œsophage sur la poche à air gastrique. En cas de reflux, l'air remonte, l'enfant éructe.



En proclive dorsal 30°

Bas de l'œsophage se situe en face de l'estomac rempli de liquide. En cas de reflux, il y a rejet du contenu gastrique liquide.



La surélévation de la tête n'a pas démontré d'intérêt dans le traitement du RGO

Position	Index de reflux
Ventrale	6,5 %*
DLG	7,7 %*
DLD	12,0 %
Dorsale	15,3 %

* $p < 0,001$

Position	Index de reflux
Horizontale	10,6 %
Tête surélevée	19,1 %*

* $p = 0,08$



Craig et al. Cochrane 2004.





- **A preliminary report on the efficacy of the Multicare AR-Bed in 3-week-3-month-old infants on regurgitation, associated symptoms and acid reflux. Arch Dis Child 2010 ; 95 : 26-30.**

Vandenplas Y, De Schepper J, Verheyden S et al.



Pansements en CDD

- Les substances tampons, l'alginate, le sucralfate peuvent être utiles ponctuellement
- Leur usage prolongé est déconseillé (toxicité)

Anti-pro... kinétiques

- Les prokinétiques ont des effets secondaires possibles qui l'emportent sur les bénéfices attendus



Posologies ANSM

- de 0 à 1 mois : 1 ml après chacun des 6 repas
- de 1 à 2 mois : 1,5 ml après chacun des 5 repas
- de 2 à 4 mois : 2 ml après chacun des 5 repas
- de 4 à 18 mois : 2,5 ml après chacun des 4 repas
- au-delà de 18 mois : 5 ml après chacun des 4 repas

Pediatric Drugs (2018) 20:575–583
<https://doi.org/10.1007/s40272-018-0314-0>

ORIGINAL RESEARCH ARTICLE



The Effect of Alginate in Gastroesophageal Reflux in Infants

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Abstract

Background Guidelines are contradictory regarding the use of alginate in infants with persisting gastroesophageal reflux (GER). While The British National Institute for Health and Care (NICE) guidelines consider alginate as a treatment option, the guidelines of the European and North-American Societies for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN, NASPGHAN) do not recommend alginates.

Aims We assessed the efficacy of alginate to reduce GER episodes in infants.

Methods In a prospective, observational study, we consecutively enrolled all infants referred for pH-multiple intraluminal impedance (pH-MII) recording because of persisting GER symptoms not responsive to behavior and dietetic modifications. A 48-h pH-MII was performed in all infants; a baseline recording was performed during the first 24 h while magnesium or sodium alginate was administered during the second 24 h. The primary endpoint was the difference in the total number of GER episodes per 24 h between the baseline day and the second day during which the alginate was administered. The secondary outcome was the difference in symptoms between each period. We also compared other pH-MII data from before and during alginate administration.

Results We recruited 43 infants (median age 68 days, range 25–306); three pH-MII tracings were excluded because of artifacts. The median number of all MII reflux episodes was significantly reduced during alginate administration (76.0 vs 69.5; $p < 0.001$). Crying-fussiness, cough and regurgitation episodes all significantly improved during alginate administration ($p = 0.00012$; $p = 0.005$ and $p = 0.04$, respectively). The following MII parameters also decreased during the alginate administration: acid (19.0 vs 14.5; $p < 0.04$), non-acid (52.0 vs 49.5; $p < 0.004$), proximal GER episodes (46.0 vs 41.4; $p < 0.007$), and bolus exposure index (1.9 vs 1.6; $p = 0.002$). At least three out of seven pH-MII parameters decreased by $> 10\%$ during the alginate period in 31/40 infants (77.5%), without a significant difference between magnesium and sodium alginate.

Conclusion These results suggest that alginate significantly decreases the number and extension of both acid and non-acid reflux episodes and associated symptoms in infants.



Effet du lansoprazole sur les symptômes attribués au RGO chez le nourrisson (étude randomisée, double aveugle, pdt 4 sem)

	Lansoprazole (n = 81)	Placebo (n = 81)
Arrêt traitement car inefficace	35 %	36 %
Pleurs pendant biberons	- 20 %	- 20 %
Régurgitations	- 14 %	- 11 %
Difficultés alimentaires	- 7 %	- 8 %
Refus du biberon	- 14 %	- 10 %
Cambrage	- 20 %	- 18 %
Toux	0	- 9 %
Wheezing	- 5 %	- 6 %
Amélioration (parents)	56 %	51 %
Amélioration (médecin)	55 %	49 %

- (Orenstein et al., J Pediatr 2009)



Merci de votre attention !



Session de questions-réponses

