2601 E. Oakland Park Blvd, Suite 102 Ft. Lauderale, FL 33306 Phone: 855-573-2663

Gastroenterology Second Opinion - Full Chart Review

Date: 2022-01-04

Patient: John Doe

Discussion:

I personally reviewed Mr. John medical record. John Doe had served honorably in the United States Army from 8 /16/90 to 5/10 /97. He is currently suffering multiple traumatic joint injuries requiring multiple NSAID's use, Lack of physical activity which lead to weight gain, metabolic syndrome and Diabetes Mellitus. He also suffers Asthma (Reactive airway Disease) and chronic sinusitis which require multiple oral steroid and bronchodilator inhaler use. Now he starts having worsening of reflux symptoms (GERD) and was put on proton pump inhibitors (Omeprazole 40 mg Po q daily).

He was diagnosed with Reactive Airway Disease (RAD)/Asthma 1992 while serving in military, RAD/Asthma was treated with Azmacort, Becalvent, and Proventil and then put on steroidal and albuterol inhalers such as Dulera, Symbicort and Proventil. Hearburn and Reflux symptoms start after few months of starting all that medications. He starts using OTc Tums, Rolaids, and Pepto-Bismol and then when symptoms are more frequent and severe then Omeprazole was started. Patient symptoms are improved with PPI. Veteran had few episode of vomiting and abdominal pain starting from 1992 while on duty

Recommendations:

Factors that may contribute to GERD include weight gain, chronic steroid and NSAID's use and Drugs that lower LES pressure include bronchodilators use.

My medical opinions are based upon on my review of medical records, my education training and experience and upon reasonable, medical probability and reasonable medical certainty. It is my medical opinion GERD related symptoms are related to weight gain, lack of physical activity, multiple medications including steroid, NSAID's and bronchodilators drugs. GERD symptoms are usually increase with age, GERD seems well controlled with once a day PPI with some mild symptoms occurring after taking medication. EGD and Bravo Ph testing have been not performed

The veteran's GERD is more likely than not caused or exacerbated by NSAID use to treat injuries in service and Metabolic syndrome plus weight gain. Weight gain is single most independent risk factor for GERD. Mr. Thomas' weight was 218 lbs in 8/16/1990 and body fat percentage was measured at 16.80% body fat during entry at military service. His weight increases overtime from 218 lbs. in 8/16/1990 to 286 lbs. in 3/19/1997, representing a net weight gain of 68 lbs. Clearly this obesity manifested during military service and it's remained an issue at current date. Mr. Thomas's obesity is directly connected to his military service, because it

manifested in service.

My rationale for GERD is physical inactivity lead to weight gain or central obesity which increase intraabdominal pressure and lead to hiatal hernia or weakness in lower esophageal sphincter pressure. Hiatal hernia or weakness in LES sphincter are leading cause of gastric content regurgitate into esophagus or back of throat and manifest as heartburn, chocking episode, vomiting, frequent burping.

I think base on detail chart review GERD symptoms started during military service and progressive getting worse because of weight gain, NASID's and bronchodilator use. GERD symptoms can qualify him to disability

References:

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3.Risk factors on the development of new-onset gastroesophageal reflux symptoms. A population-based prospective cohort study: the HUNT study. Hallan A1, Bomme M2, Hveem K3, MÃ¸ller-Hansen J2, Ness-Jensen E4. Am J Gastroenterol. 2015 Mar;110(3):393-400; quiz 401. doi: 10.1038/ajg.2015.18. Epub 2015 Feb 10

Electronically Signed by: Amit Sohagia, MD on 01/04/2022 01:57:26 AM

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