Dear Sir/Mam,

Previous data states that there is no significant change in esophageal motility in troublesome belching [1]. Nevertheless, recent studies underline the preexisting esophageal motility leading to belching disorders [2]. In this regard, we present a case of troublesome belching due to a gastroenteritis episode. Thirty-two year-old woman admitted to our gastroenterology unit due to troublesome belching started just after a gastroenteritis episode with co-workers in the same company due to lunch. Her past medical history was completely unremarkable including belching. She works in a call-centre and declares that she is under stress because she has to answer questions of customers. She vomited several times when she noticed that her friends also had a gastroenteritis episode. She did not have diarrhea or any other problem. She started to have a troublesome belching next morning. Her esophagogastroscopy was normal. Esophageal motility study was done with a solid-state manometry and revealed that normal lower oesophageal sphincter functions and normal peristaltic wave activity. Interestingly, her esophageal contraction amplitudes were slightly low in proximal oesophagus (26 mmHg). We reassured her that this was a temporary problem. Meanwhile she continued to work. Her troublesome belching resolved completely in fourth day.

Changes in nerves lining the gut mucosa may take an important role in pathogenesis of post infectious functional bowel disorders [3]. This can lead to a temporary troublesome belching as like our patient via localized mild dysmotility and recovered in couple of days with mucosal healing. Work-related anxiety of the patient probably exaggerated the belching.

Conclusion

In conclusion, postinfectious belching should be considered as a different entity. Although troublesome belching generally does not accompany esophageal motility changes, postinfectious belching can present with esophageal motility changes. No doubt further studies are necessary to reveal this association.

References