

# Hepatojugular reflux

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Occasionally, confusion is caused by the use of terms with phonetic similarity. This seems to be the case with the words *reflux* and *reflex*, which lead some to use the inaccurate expression: *hepatojugular reflex*.

**Reflux:** From the medieval Latin *refluxum* [re 'backward' 'with intensity' + *fluc* 'to flow' + *sum*]; (documented in Spanish since 1424 as *refluxo* [English: *reflux*]):

1. noun *Med.* Retrograde flow, usually anomalous, of an organic fluid within a conduit or hollow organ.
2. Movement of ebbing tide.

**Reflex:** From the Latin *reflexus* 'to move backward', 'reversal', 'bent backward' [re 'repetition' + *flec(tere)* 'to bend' 'to curve' + *-sum*]; (used in Spanish since 1508 [English: *reflex*]):

1. noun. An involuntary response, simple or complex, to any tactile, sensory or mental stimulus.
2. adj. Referring to a bodily movement, a secretion, an emotion, etc.: Something produced involuntarily or automatically in response to a stimulus.

According to this, the correct expression is *hepatojugular reflux*. It refers to the elevation of jugular venous pressure with compression of the right hypochondrium for anywhere from 10 to 30 seconds, evidenced by greater than 3-4 cm engorgement of the jugular veins which falls when the maneuver is stopped. This test was described by W. Pasteur in 1885 as a sign of tricuspid regurgitation, although in 1898, Rondot discovered that patients with a normal tricuspid valve could have it, and in 1925 other clinicians noted that pressure on any part of the abdomen, not just the hepatic area, could trigger it. Today, this maneuver is known as the *hepatojugular* or better, *abdominojugular test*, since there is no real reflux involved. In patients with dyspnea, it is useful for predicting left heart failure (LR+ 6.0; LR- 0.78) and suggests a pulmonary capillary wedge pressure greater than 15 mmHg (LR+ 6.7; LR- 0.08) [Sensitivity: 55-84%, specificity: 83-98%]. It should be clarified that this test is not specific for any disease, although the common causes for a positive finding include constrictive pericarditis, right ventricular infarction, and restrictive cardiomyopathy.

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