Introduction: -

Gastrointestinal motility is modulated by myogenic, neural and humoral factors. Which themselves may be altered when renal function is deranged **(Devan et al 1992)**

Hemodialysed patients frequently experience symptoms such as nausea, vomiting, abdominal distension, early satiety and anorexia. **(Van Vlem et al 2000)**

There is increasing evidence to suggest that anorexia nausea and vomiting result from a disturbance of foregut motility and its control mechanisms **(Stricker and Verbalis 1990).**

Altered humoral environment indicated by hypergastrinemia and generated by the chronic renal failure is at least in part responsible for foregut motility disorders and persistent anorexia **(Ravelli et al 1992)**.

Gastroesophageal reflux has been found in 70% of infants and children with chronic renal failure suffering from vomiting and feeding problems **(Ruley et al 1989).**

Aim of the work: -

That is to assess the prevalence of esophageal motility disorders and also to identify possible pathogenic factors in their development in both dialyzed and nondialyzed patients with chronic renal failure.

Patients& methods: -

Sixty cases will be studied and classified into three groups.

I- Twenty-five cases have chronic renal failure and under conservative treatment.

II- Twenty-five cases have chronic renal failure and under hemodialysis treatment.

III- Ten control subjects with normal renal functions.

All cases will be investigated as regards: -

- Thorough medical history and clinical examination.

Routine investigations, urine & complete blood picture. -

1-Serum creatinine and blood urea.

2-Serum sodium& potassium level.

3-Blood sugar will be determined to exclude diabetic patients.

Specific investigations: -

1-Serum albumin.

2-Serum-gastrin hormone.

3- Study of esophageal motility.