

Gastroenterology Specialty Center

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The Most Updates on Endoscopic management of GERD (May 2019)

Gastro Esophageal Reflux Disease “GERD” is one of the most common disease in the world. The main symptom usually is Heartburn which might progress to dysphagia due to esophagitis that might cause subsequently stricture and lastly might end up with risky Barrett’s esophagus [1]. Extra-esophageal symptoms are also common like chest pain, cough, asthma, dental erosions etc. Symptoms might be very distressing and affecting the life style which might result into social conflicts & depression.

Proton pump inhibitors (PPIs) are the standard for GERD management. However, about one third of patients do not respond well to PPIs [2], and recent studies showed that a prophylactic one tablet of PPI a day is not allowed any more due to subsequent serious complications like deficiency in Calcium, Magnesium, Vit D3, etc..[3]. The next option is anti-reflux surgery, which is efficacious, but it has its own limitations and adverse symptoms, such as gas bloating, inability to belch or vomit, and dysphagia.

During the last decade, attitude went towards looking for safer treatment for recurrent & Refractory GERD. Laparoscopic surgery and few endoscopic techniques had been reported to be good alternatives. Three mechanisms raised:

- A. ***Implantation and Injection Devices like Enteryx, Plexiglas microspheres & Gatekeeper.***
- B. ***apposition devices: like EndoCinch (Suturing) & Transoral Incisionless Fundoplication (TIF) (Plicater).***
- C. ***Currently available endoscopic anti-reflux modalities (EARMs) include: like Radio Frequency Ablation (RFA), Medigus Ultrasonic Surgical Endostapler (MUSE) & Anti-Reflux Mucosectomy (ARMS).***

Some of those were recalled from the market due to their complications. All the remained methods score high on subjective improvement, but have been unimpressive in objective improvement like esophageal acid exposure.

After demonstrating all the methods, we will conclude that selecting the methods depends on patient’s desire, doctors experience and availabilities of the method.