

ANTI-REFLUX MUCOSECTOMY FOR GASTROESOPHAGEAL REFLUX DISEASE: EFFICACY AND MECHANISM OF ACTION

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Poster

Oesophagus

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Anti-reflux mucosectomy (ARMS) reduced total reflux episodes and acid exposure in 9 PPI-refractory GERD patients at 3-month follow-up, with a significant reduction in transient lower esophageal sphincter relaxations.

KEY POINTS

- ARMS reduced total reflux episodes from 71 to 39 ($p=0.018$) and total acid exposure from 9% to 5.3% ($p=0.036$) during 24-hour pH-impedance monitoring.
- Reflux symptoms improved significantly, with RDQ decreasing from 3.8 to 1.4 ($p=0.008$) and GERD-related quality of life scores improving from 28 to 15 ($p=0.012$).
- The number of transient lower esophageal sphincter relaxations decreased from 4 to 2 ($p=0.048$), while impedance planimetry showed no change in EGJ distensibility.
- One delayed post-procedural bleeding occurred (11%, 1/9 patients) requiring repeat endoscopy; dysphagia symptoms remained unchanged.
- This preliminary study in PPI-refractory GERD patients suggests ARMS may reduce reflux through mechanisms involving TLESRs rather than changes in EGJ distensibility.

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