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Summary

NOVEL ENDOSCOPIC CARDIOPLASY (ECP): FROM ANTI-REFLUX MUCOSECTOMY (ARMS)/ MUCOSAL ABLATION (ARMA) TO ANTI-REFLUX MUCOPLASTY (ARM-P) FOR PPI-REFRACTORY GERD

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Anti-reflux mucoplasty (ARM-P), a novel endoscopic procedure that immediately closes mucosal defects after resection at the gastric cardia, demonstrated technical feasibility with improved cardia morphology and symptom scores in a 10-patient case series.

KEY POINTS

- All 10 patients undergoing ARM-P had no adverse events such as bleeding or perforation, with median procedure time of 95 minutes and median hospital stay of 5 days
- At 2-month follow-up, all 9 patients evaluated showed improvement in Hill's flap grade from median 2 to median 1, and 6 patients discontinued acid suppression drugs
- Symptom scores improved significantly with FSSG decreasing from 186 to 121 (p=0.05) and GERDQ from 56 to 46 (p=0.01)
- ARM-P was developed to address challenges of prior techniques (ARMS and ARMA) including slow onset of effect and delayed bleeding risk in patients on antithrombotic medications by immediately closing the mucosal defect with endoclips and support threads

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