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Summary

LONG-TERM RESULTS OF ENDOSCOPIC PYLOROMYOTOMY: FOLLOW-UP OF A RANDOMIZED, SHAM-CONTROLLED TRIAL (GREG)

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 17, 2023

Long-term follow-up of the GREG trial shows endoscopic pyloromyotomy maintains sustained symptom improvement in approximately two-thirds of patients with refractory gastroparesis at 36 months.

KEY POINTS

- Treatment success rates following G-POEM declined modestly from 72% at 6 months to 67% at 12 months and stabilized at 64% at both 24 and 36 months among 33 patients who received the procedure
- At 36 months, diabetic gastroparesis showed 71% success and idiopathic gastroparesis 78% success, while postsurgical gastroparesis showed lower success at 36%
- Only 3 patients with previous treatment success experienced symptom recurrence, none requiring further intervention, and median gastric retention at 4 hours remained stable between 3- and 12-month follow-up
- Among 7 patients who received sham procedure only, 4 achieved treatment success at 6 months with no symptomatic recurrences through 36 months follow-up
- This material is most relevant for gastroenterologists managing patients with severe refractory gastroparesis who are considering endoscopic therapeutic options

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