

EFFICACY AND SAFETY OF ARGON PLASMA COAGULATION (APC) STANDARD CATHETER USE, AFTER SUBMUCOSAL INJECTION FOR BARRETT'S ESOPHAGUS (BE) ABLATION

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A prospective study of 31 patients evaluated standard argon plasma coagulation after submucosal saline injection for Barrett's esophagus ablation, achieving complete eradication in 64.5% of cases with no serious adverse events.

KEY POINTS

- Complete BE eradication was achieved in 20 of 31 patients (64.5%) over a median follow-up of 10.1 months, with the remaining 11 patients showing substantial BE length reduction
- Smoking was associated with reduced complete eradication (HR=3.12, p=0.02), while initial BE length correlated with number of sessions needed but did not limit complete eradication
- No death, hospitalization, severe hemorrhage, or perforation occurred; 7 patients had moderate pain requiring paracetamol and 11 had mild transient dysphagia without permanent stenosis
- The technique used standard APC catheter (ERBE APC 300, 45 Watts) applied after submucosal 0.9% saline injection with a 23G needle, and was effective in both treatment-naïve patients and those previously treated with EMR or RFA

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