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Summary

CLINICAL OUTCOMES OF ANTI-REFLUX MUCOSAL ABLATION (ARMA) FOR GASTROESOPHAGEAL REFLUX DISEASE: AN INTERNATIONAL BI-INSTITUTIONAL STUDY

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Anti-reflux mucosal ablation (ARMA) is a novel endoscopic procedure for GERD that achieved 60% clinical success at 2-6 months and 70% at one year in a retrospective two-center study of 68 patients.

KEY POINTS

- The procedure involved mucosal ablation of the gastric cardiac mucosa using thermal probe or argon plasma catheter to induce scar formation and enhance the gastroesophageal junction flap valve, with technical success in all 80 procedures performed
- Patients included those with definitive GERD (64.7%) or reflux hypersensitivity (35.3%), without significant sliding hernia, who were either refractory to or unwilling to continue PPI/PCAB therapy
- Median GERD-HRQL score improved significantly from 26 to 11 at 2-6 months ($p<0.001$), and median acid exposure time decreased from 5.3% to 0.7% ($p=0.003$)
- Adverse events included transient stenosis requiring balloon dilatation in 12.1% of patients and delayed bleeding in 7.5%, with no immediate adverse events, blood transfusions, or procedure-related mortality
- The authors conclude the procedure is technically feasible, reproducible, and safe for patients without significant sliding hernia, and suggest both PPI-refractory and PPI-responsive patients may be appropriate candidates

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