

GASTROENTEROLOGY AND DIGESTIVE DISORDERS

August 06-07, 2018 Abu Dhabi, UAE

Our method experience and effectiveness using Argon Plasma Coagulator (APC) as a therapy for Gastroesophageal Reflux Disease (GERD)

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A variety of endoscopic modalities have been introduced to treat GERD, including radiofrequency energy, suturing, plication and injection therapy. Argon Plasma Coagulation (APC) of the lower esophageal sphincter and gastroesophageal junction represent a new endoscopic therapy for GERD and has been developed by us with performing and observing during almost 15 years. APC is a diathermy based non-contact therapeutic endoscopic modality that may have a lower risk of perforation than other tissue ablation techniques. Our work initiated after observing the improvements of symptoms of GERD in a patient who has suffered for more than 30 years from this disease and also has Barrett esophagus of the long segment in who we performed in two occasions with one month intervals aggressive ablation therapy with APC. After two therapies with APC the patient reported that he has abandoned his treatment with PPI because his symptoms disappeared. After having observed this phenomenon we initiated our protocol of a new therapeutic treatment with APC with deliberated energy from the gastroesophageal junction in circular motion ascending approximately 6 centimeters. Various rings of ablative therapy are formed with APC. This is similar mechanism of the Stretta device that it is speculated that RF energy induces coagulation of the LES and neuronal tissues within the gastroesophageal junction with use of the Stretta device. This procedure also has been demonstrated to be feasible, as well as safe, and is approved by the FDA for treatment of GERD. Setting: Single endoscopy center; study period from October 2003 to June 2018. Our purpose was to assess the long-term safety and effectiveness. The results are as follows: APC Ablation of de Lower third of the esophagus procedure significantly improves GERD symptoms, quality of life and esophageal acid exposure and eliminates the need for antisecretory medication in the majority of patients at 12 months. Most patients have manifested the reduction of the symptoms in 70-90% of the cases and 70%-80% showed heartburn symptom resolution at 3 and 6 months, respectively. Regurgitation symptoms improved 70%-90% at three months. It can be conclusions that the ablative therapy with argon plasma coagulator for gastroesophageal reflux is safe and effective and is associated with symptom reductions in patients with GERD.

Biography

Julio Murra-Saca is the Chief of Gastroenterology at Hospital Centro de Emergencias San Salvador, El Salvador working in private practice in a gastrointestinal endoscopy unit performing diagnostic and therapeutic endoscopy. One of his main skills is the management of gastrointestinal bleeding as well as endoscopic resection of giant polyps of the colon. He has great experience in the therapeutic use of argon plasma coagulation in the management of multiple conditions in gastrointestinal endoscopy. He also performs intra-gastric balloons for obesity with 13 years of experience in this area.

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