

GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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Endotherapy in refractory/PPI dependant GERD

Rakesh kalapala

Asian Institute of Gastroenterology, India

Gastro-esophageal reflux disease (GERD), affects one third of the population worldwide and prevalence in India ranges between 8 to 19%. Majority of the patients have impaired Quality of Life (QOL) due to symptoms such as heartburn, regurgitation or dysphagia and the long term complications associated with it. Current treatments modalities include lifestyle modifications, long term pharmacological therapies, surgical fundoplication and more recently, endoscopic procedures. About 10% of patients with endoscopically proven reflux esophagitis are resistant to Proton Pump Inhibitors (PPIs). Further, almost 20% of patients have inadequate symptom control resulting in heartburn and regurgitation that cause detrimental effects on the quality of life. Also, potential side effects of long-term PPIs use (B12 deficiency; iron deficiency; hypomagnesaemia; increased susceptibility to pneumonia; enteric infections; fractures and hyper-gastrinemia), results in many patients discontinuing treatment. Surgical options for GERD have their limitations due to increased costs, hospitalization, complication rates and delayed recovery. Data from 5 year LOTUS study suggests that 15–20% of patients who have undergone fundoplication may have GERD symptoms. Uncontrolled GERD leading to acid induced non-cardiac chest pain results in a significant decrease in quality of life, productivity at work and economic burden on the patients. In addition, it is associated with worrisome complications such as strictures, Barrett's esophagus and esophageal adenocarcinoma. The rising concern of long term side effects of the popular proton-pump inhibitors and the more recent evidence raising doubts about the durability of fundoplication have spurred re-interest in endoscopic procedures such as Stretta, GERD-X etc. to treat reflux disorder. Several clinical studies including a systematic review showed that the Stretta procedure improves GERD symptoms, quality of life and esophageal acid exposure and eliminates the need for anti-secretory drugs in majority of patients.

drkalpala@gmail.com