Anti-reflux mucosectomy with band ligation in the treatment of refractory gastroesophageal reflux disease

For patients with refractory gastroesophageal reflux disease (rGERD), the American Society for Gastrointestinal Endoscopy recommends surgical treatment such as fundoplication to reduce the diameter of the cardia [1]. Several endoscopic treatments are described using new devices, but they suffer from a lack of feasibility and high costs [2]. Anti-reflux mucosectomy (ARMS) could also narrow the esophagogastric junction (EGJ) as a result of tissue shrinkage induced during cicatrization [3, 4]. We applied this technique using band ligation (ARMS-b) in the management of rGERD.

We report the case of a 63-year-old man with a long history of GERD uncontrolled by proton pump inhibitor (PPI) therapy. His main symptom was daily pyrosis, which had a significant impact on his quality of life. The diagnosis was confirmed by pH-impedancemetry and manometry, which eliminated an esophageal motility disorder. ARMS-b was performed in this patient in an ambulatory setting.

For the ARMS-b procedure, a Duette Band Ligation device (Cook Medical, Bloomington, Indiana, USA) was mounted onto an endoscope with large operating channel (3.8 mm). Adrenaline serum (1/1000) was injected into the submucosa at the EGJ oriented toward the lesser curvature of the stomach. The mucosa was captured with the band ligation device, and piecemeal mucosectomy of three-quarters of the circumference of the EGJ was performed using a hexagonal snare (ERBE VIO2 settings: Endocut Q, effect 2) (► Fig. 1, ► Video 1). The patient was discharged on a mixed diet for 5 days and maximum dose PPI therapy twice daily for 2 months.

There was no perioperative complication. The endoscopic follow-up at 3 months showed cicatrization of the EGJ and a narrowing of the cardia with an “anti-reflux valve” effect seen in retroflexion (► Fig. 2). Pyrosis had totally disappeared at 1 month. At 1-year follow-up, there was no recurrence of pyrosis and the pH-impedancemetry value had returned to normal.

This case suggests that ARMS-b can achieve good control of the main symptom of rGERD. The procedure seems reproducible, safe, and feasible in the ambulatory setting. Further studies are required to confirm this promising outcome.

Competing interests

None
The authors
Laurent Monino1,2, Jean-Michel Gonzalez2, Veronique Vitton2, Marc Barthet2
1 Department of Hepatogastroenterology, Université Catholique de Louvain, Cliniques Universitaires Saint-Luc, Brussels, Belgium
2 Department of Hepatogastroenterology, Assistance Publique des Hôpitaux de Marseille, Aix-Marseille Université, Hôpital Nord, Marseille, France.

Corresponding author
Laurent Monino, MD
Department of Hepatogastroenterology, AP-HM, Aix-Marseille Université, Hôpital Nord, Chemin des Bourrely, 13015 Marseille, France
Fax: +33-4-91968737
laurent.monino@uclouvain.be

References

Bibliography
DOI https://doi.org/10.1055/a-0875-3479
Published online: 30.4.2019
Endoscopy 2019; 51: E215–E216
© Georg Thieme Verlag KG
Stuttgart - New York
ISSN 0013-726X

Video 1 Anti-reflux mucosectomy with band ligation. The steps — submucosal injection, mucosal capture with band ligation, and mucosectomy — were performed three times until resection of three-quarters of the circumference of the esophagogastric junction (EGJ). After cicatrization of the EGJ, an “antireflux valve” effect was seen in retroflexion.