

Antireflux mucosectomy, mucosal ablation compared for gastroesophageal reflux disease

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For patients with gastroesophageal reflux disease (GERD), improvement in symptoms is seen with both antireflux mucosectomy (ARMS) and antireflux mucosal ablation (ARMA), but subjective and objective indicators of outcomes are better with ARMS than ARMA, according to a study [published](#) online June 21 in *Digestive Endoscopy*.

Ah Young Lee, M.D., Ph.D., from Cha University in Seoul, South Korea, and colleagues compared the efficacy and safety of ARMS and ARMA for GERD in a multicenter, retrospective, observational study including 274 [patients](#) (96 underwent ARMA and 178 underwent ARMS). The primary outcome was subjective symptom improvement, which was based on the GERD questionnaire (GERDQ).

The researchers found that compared with the ARMA group, baseline GERDQ scores were higher in the ARMS group (10.0 versus 8.0) and there was a greater median postprocedure improvement observed (4.0 versus 2.0), even after propensity score matching. There was significant improvement seen in reflux esophagitis in ARMS versus ARMA, with notable changes seen in Los Angeles grade and flap valve grade scores.

Comparable improvement in Barrett esophagus was seen between the groups, with 94.7 and 77.8% resolution rates noted in the ARMS and ARMA groups, respectively. The ARMS group experienced higher bleeding rates than the ARMA group, along with comparable stricture rates and more proton pump withdrawals.

"Both ARMA and ARMS are advantageous because they do not require specialized equipment, are relatively inexpensive, and can be easily performed anywhere," the authors write.

More information: Ah Young Lee et al, Comparative clinical feasibility of antireflux mucosectomy and antireflux mucosal ablation in the management of gastroesophageal reflux disease: Retrospective cohort study, *Digestive Endoscopy* (2024). [DOI: 10.1111/den.14832](https://doi.org/10.1111/den.14832)

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