

Endoscopic Treatment of Gastroesophageal Reflux Disease

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Introduction

GERD is a common GI disorder. In fact, it is the fourth most prevalent GI disease in the United States. More than one fourth of adults in the United States use antisecretory medications at least 3 times per month, resulting in a large economic burden. It has been estimated that almost \$2 billion is spent in the United States each year on OTC antacids and histamine-2 receptor antagonists, and another \$10 billion is spent on prescription histamine-2 receptor antagonists and PPIs.

Current methods for the pharmacological treatment of GERD include antacids, promotility agents, histamine receptor blockers, and PPIs. Surgical barrier methods (Nissen fundoplication) are most often performed laparoscopically. Lifestyle changes may help to diminish some of the symptoms associated with GERD. Although medical therapy has been shown to be effective, the inconvenience and cost of long-term drug therapy has led to the consideration of alternative methods of treatment. Surgical therapy has its drawbacks, in that many patients may require continued medical therapy after surgery and the fundoplication may eventually breakdown.

Introduction to Endoscopic Methods of Treating Gastroesophageal Reflux Disease

Traditional treatments for GERD include drug therapy, lifestyle changes, or invasive surgery. A number of endoscopic methods of treatment have been developed in recent years, have been FDA approved, and are in clinical use. The following 5 endoscopic methods are in use today:

1. Endoscopic Suturing (EndoCinch [Bard, Inc, Bellerica, Mass]) (approved by the FDA in March 2000).
2. Injection Therapy (ENTERYX [Boston Scientific Corp, Natick Mass]) (approved by the FDA in April 2003, voluntary recall by the company in September 2005).