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The management of gastroesophageal reflux disease: Medical, surgical and endoscopic therapy; a clinical review and scientific literature

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Introduction: The incidence of gastroesophageal reflux disease in the population of industrialized countries is high and ranges from 20 to 40% in the age groups between 45-64 years, with a further increase in the incidence in the age between 64-74 years. The natural history of the disease requires continuous recrudescence alternated with quiescent phases. In view of these epidemiological data, importance of the social problem and the high health costs is cleared. It follows the interest of pharmaceutical companies, the companies of electromedical and producing toolkits endoscopic and surgical companies.

Objective: In this session, I intend, with the participation of colleagues internists and surgeons, to make a brief stock of the situation, about the gastro-esophageal reflux disease. I will make a tour of the clinical presentation, the increase of incidence, especially of so-called atypical forms and symptoms of gastro-pharyngeal reflux (high reflux), emphasizing how many patients are refractory to therapy. Patients who benefit from medical treatment, they become dependent on care. Whereas, many are young and that medical therapy has adverse side effects, such as anemia, osteoporosis, and infections, is the need for alternative therapies. Physiotherapy global posture, for example, can be a transient and partial support. The ultimate solution is or should be surgical.

Considerations: Surgical therapy makes use of minimally invasive or laparoscopic method, which shortens the hospital stay. But an endoscopic surgery, easy, repeatable, free from postoperative complications, can be performed in day surgery, would be ideal for this type of chronic disease. In reviewing the different techniques, that have been proposed over the last 20 years, I relate the considerations, derived from the international literature. This presentation is concluded by presenting a last device, manufactured in Germany, derived from its precursor, the NDO Plicator, which is making use of the addition of heads polytetrafluoroethylene (PTFE), which retain the suture threads from the traction, exerted by the tissues, seem to improve the seal in time.

Conclusions: I carry scientific studies that have compared the operations, performed with GERD-X Plicator, to surgical interventions of fundoplication, with satisfactory results. My invitation is to continue to seek solutions with endoscopic surgery, which is the most appropriate technique for this type of pathology.

Biography

Antonio Iannetti has completed his Degree in Medicine and Surgery and Specialties in Gastroenterology and Internal Medicine at University of Rome. He is interested in "Endoscopic sclerosis of esophageal varices and retrograde cholangiopancreatography-endoscopically". He is a Professor and Chair of Gastroenterology at University of Rome. He is Head of the Digestive Endoscopy Service of University Hospital Umberto I in Rome. He is an Expert of the Ministry of Health for Gastroenterology.

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