



## Letter to the Editor on “Endoscopic Management of GERD”

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To the Editor,

We read with great interest the article by Lee DP et al. [1], which mentioned three endoscopic methods currently used to treat gastroesophageal reflux disease (GERD), including radiofrequency energy treatment (Stretta), transoral incisionless fundoplication (TIF), and endoscopic suturing. Stretta was considered to be the least invasive, well-tolerated, safest, and easiest anti-reflux method currently available. Lacking the adverse effects of Nissen fundoplication, recovery of LES function after TIF is durable and longer lasting. The technique includes overstitching for endoscopic suturing for the approximation of soft tissue.

Although we agree that the three treatments are very effective for GERD, we found that another useful therapy was not discussed: clip band ligation anti-reflux therapy (C-BLART), initially described by Professor Linghu [2], which is a novel alternative endoscopic treatment for GERD. The technique constricts the anterior and posterior walls of the cardia through the protrusion of the cardia tissue with two Endoclips, increasing resistance to flow through the LES with good efficacy and few complications [2, 3]. The authors enrolled 106 patients (60 patients in the C-BLART with tailored PPI use group and 43 patients in the BID PPI group) [3] finding improvement in GERD symptoms and health-related quality of life after C-BLART. Furthermore,

they also reported that 43% of the patients were able to discontinue PPIs and 96.7% decreased their PPI dose 6 months after C-BLART. Compared with the three conventional endoscopic methods, this endoscopic technique could reduce medical costs due to its relative simplicity, with the potential for use in the developing world. A randomized controlled trial to document its long-term efficacy will be needed prior to its widespread use.

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### Declarations

**Conflict of interest** All authors declared that no conflicts of interest or financial ties to disclose.

### References

1. Lee DP, Chang KJ. Endoscopic management of GERD. *Dig Dis Sci*. 2022. (Epub ahead of print). <https://doi.org/10.1007/s10620-022-07390-2>.
2. Linghu E, Wang YW, Wang XX. Endoscopic cardiac coarctation in the treatment of gastroesophageal reflux disease: a case report. *Chin J Endosc Surg* 2013;6:468–469.
3. Liu S, Chai N, Zhai Y et al. New treatment method for refractory gastroesophageal reflux disease (GERD): C-BLART (clip band ligation anti-reflux therapy)-a short-term study. *Surg Endosc*. 2020;34:4516–4524.

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