

Celý názov abstraktu: **Endoscopic therapies for gastroparesis**

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### **Cieľ:**

Gastroparesis (GP) is a disorder triggered by numerous causes and it is defined by symptoms and with an objective evidence of delayed gastric emptying in the absence of obstruction. Although clinical presentation has a stereotype symptoms, underlying pathophysiology is heterogenous. Effective treatment for GP is challenging especially in patients with severe symptoms. The efficacy of prokinetics is dubious since they have not proven real clinical efficacy in placebo-controlled trials. In refractory GP, endoscopic or surgical treatments may therefore be considered. Endoscopic treatments include intrapyloric injection of botulinum toxin and transpyloric insertion of a metallic stent. Surgical options involve implantation of a gastric „pacemaker“ (gastric stimulation), pyloroplasty and subtotal gastrectomy. Recently, a new endoscopic technique, gastric endoscopic per oral pyloromyotomy (GPOEM) has been introduced with promising preliminary results.

### **Súbor a metodika:**

We aim to offer an update on endoscopic options available to specialists in the clinical management of refractory GP. We performed a retrospective analysis of consecutive patients treated endoscopically (GPOEM) for refractory symptoms in our centers and reviewed worldwide literature data of the efficacy of other pyloric-directed therapies.

### **Výsledky:**

G-POEM was successfully performed in 9 patients with various etiologies and treatment success was achieved in 8/9 patients (88.9%) at 3, 12 and 3/4 (75%) at 24 months. In one patient, there was a leak on POD1 and he needed additional clips to safely secure the mucosal incision. One patient experienced delayed bleeding, which was successfully treated

endoscopically, all remaining patients recovered uneventfully. Gastric scintigraphy improved/normalized in all patients.

### **Záver (aj v anglickom jazyku):**

GPOEM offers encouraging results with an acceptable safety profile. The challenge remains in identifying which patients will respond the best to which interventions, specifically to pyloric-directed endoscopic options.