



Management of Recurrent Gastroesophageal Reflux Disease (GERD)

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Message from the Guest Editors

Gastroesophageal reflux disease (GERD) is one of the most common gastrointestinal conditions. In most cases, proton pump inhibitors (PPIs) are effective in healing esophageal lesions and improving symptoms. However, up to 40% of GERD patients do not respond well to PPI treatment. With this in mind, recurrent GERD is a challenging problem given its negative effects on patients' quality of life. In addition to PPI therapy, many other pharmacologic therapies have been suggested for recurrent GERD, such as histamine-2 receptor blockers, prokinetics, gamma aminobutyric acid-B receptor blockers, and pain modulators. If medical therapy fails, surgical interventions such as laparoscopic anti reflux surgery (LARS), and endoscopic interventions, including endoscopic transoral incisionless fundoplication (TIF), magnetic sphincter augmentation (LINX), or radiofrequency therapy (Stretta) have been utilized. However, much remains to be discovered regarding these therapies in order to be able to provide these patients with long-term relief from GERD.





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