Hybrid Argon Plasma Coagulation And Argon Plasma Coagulation In Barrett's Esophagus: A Systematic Review And Meta-analysis

PRESENTER:

Banreet Dhindsa

BACKGROUND

- Due to the increasing incidence of Esophageal adenocarcinoma, detection and treatment of Barrett's esophagus (BE) is critical. Radiofrequency ablation is the current standard of care; however, it is expensive with high recurrence rates. Argon Plasma Coagulation (APC) is an alternative method but is associated with perforation, stricture formation, and buried glands.
- Hybrid APC (hAPC) is a novel technique that combines APC with submucosal injection for eradication of BE.

METHODS

- This is the first systematic review and metaanalysis to evaluate the efficacy and safety of hAPC in the management of BE.
- The primary outcomes assessed were the clinical remission of intestinal metaplasia (CRIM) and clinical remission of dysplasia (CRD) of hAPC, high power APC (90W), and standard APC (30-75W).
- The secondary outcomes assessed were the overall adverse events, individual adverse events, and recurrence rates
- Pooled estimates were calculated using random-effects models with 95% confidence interval (C.I.)The statistical analysis was done using STATA v 17.0 software (StataCorp, LLC College Station, TX).

RESULTS

- The analysis included 37 studies (9 studies for hAPC, 4 studies for high power APC, 24 studies for standard APC) with a total of 1314 patients
- The calculated pooled rate of CRIM and CRD for hAPC was slightly higher at than high power APC and standard APC groups.
- The calculated pooled rate of adverse events for hAPC was lower than other modalities.



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Hybrid APC appears to be safe and effective treatment modality for patients with Barrett's esophagus

	hAPC	APC high power	Standard APC
CRIM	92.11%	87.97%	80.67%
CRD	99.5%		94.83%
Total Adverse events	3.35%	6.3%	5.3%
Stricture	1.92%	3.15%	2.44%
Bleeding	0.62%	1.54%	0.01%
Perforation	0.0%	0.15%	0.0%
Recurrence	8.83%	6.49	14.71%

Figure 1 Outcomes of hAPC, high power APC and Standard APC in Barrett's esophagus

Banreet Dhindsa¹; Lovekirat Dhaliwal²; John Paul Gallagher¹; Harlan Sayles¹; Saurabh Chandan³; Prasad G. Iyer⁴

University of Nebraska Medical Center¹, LSU Shreveport², Creighton University Medical Center³, Mayo Clinic⁴



