Single Catheter for Duodenal Mucosal Resurfacing Demonstrates Similar Safety Profile With Improved Procedure Time When Compared to Original Dual Catheter: Multicenter Study of Subjects With Type 2 Diabetes


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Abnormalities in duodenal mucosa, nutrient absorption, and enteroendocrine cells in patients with type 2 diabetes (T2D) are thought to play pathophysiological roles in the insulin resistance signal. Duodenal Mucosal Resurfacing (DMR) is an endoscopic procedure that resurfaces the duodenal mucosa via hydrothermal ablation exerting metabolic benefit by likely modifying nutrient-mucosa signalling. DMR is being investigated as a treatment for metabolic diseases including T2D. The safety and efficacy of the original DMR dual-catheter system have been previously described1, and an integrated single-catheter system has since been developed.

To compare DMR procedural performance and safety between the two catheter systems in patients with uncontrolled T2D.

Gastrointestinal disorders (abdominal pain, diarrhea, nausea) were the most common AEs which generally occurred within 0-3 days of the procedure and were resolved (Table 2).

The procedure success was comparable between the dual- and single-catheters, with numerical reduction in the procedure time and AEs using the single-catheter.

1 Rajagopalan, Cherrington et al. Diabetes Care 2016

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