

References

1. Spechler SJ, Sharma P, Souza RF et al; American Gastroenterological Association, American Gastroenterological Association medical position statement on the management of Barrett's esophagus. *Gastroenterology*. 2011; 140(3): 1084–1091.
2. Shaheen NJ, Falk GW, Iyer PG et al. ACG Clinical Guideline: Diagnosis and Management of Barrett's Esophagus. *Am J Gastroenterol*. 2016; 111(1): 30–50.
3. Pouw RE, Beyna T, Belghazi K et al. A prospective multicenter study using a new multiband mucosectomy device for endoscopic resection of early Q3 neoplasia in Barrett's esophagus. *Gastrointest Endosc*. 2018; 88(4): 647–654.
4. Pouw RE, Wirths K, Eisendrath P et al. Efficacy of radiofrequency ablation combined with endoscopic resection for Barrett's esophagus with early neoplasia. *Clin Gastroenterol Hepatol*. 2010; 8(1): 23–29.
5. Ragunath K, Krasner N, Raman VS et al. Endoscopic ablation of dysplastic Barrett's oesophagus comparing argon plasma coagulation and photodynamic therapy: A randomized prospective trial assessing efficacy and cost-effectiveness. *Scand J Gastroenterol*. 2005; 40(7): 750–758.
6. Alvarez HL, van Vilsteren FG, Pouw RE et al. Endoscopic radiofrequency ablation combined with endoscopic resection for early neoplasia in Barrett's esophagus longer than 10 cm. *Gastrointest Endosc*. 2011; 73(4): 682–690.
7. Krishnan K, Pandolfino JE, Kahrilas PJ et al. Increased risk for persistent intestinal metaplasia in patients with Barrett's esophagus and uncontrolled reflux exposure before radiofrequency ablation. *Gastroenterology*. 2012; 143(3): 576–581.
8. Phoa KN, Pouw RE, van Vilsteren FG et al. Remission of Barrett's esophagus with early neoplasia 5 years after radiofrequency ablation with endoscopic resection: A Netherlands cohort study. *Gastroenterology*. 2013; 145(1): 96–104.
9. Levine DS, Blount PL, Rudolph RE et al. Safety of a systematic endoscopic biopsy protocol in patients with Barrett's esophagus. *Am J Gastroenterol*. 2000; 95(5): 1152–1157.
10. Pouw RE, Künzli HT, Bisschops R et al. Simplified versus standard regimen for focal radiofrequency ablation of dysplastic Barrett's oesophagus: A multicentre randomised controlled trial. *Lancet Gastroenterol Hepatol*. 2018; 3(8): 566–574.
11. Gondrie JJ, Pouw RE, Sondermeijer CM et al. Stepwise circumferential and focal ablation of Barrett's esophagus with high-grade dysplasia: Results of the first prospective series of 11 patients. *Endoscopy*. 2008; 40(5): 359–369.
12. Peters FP, Kara MA, Rosmolen WD et al. Stepwise radical endoscopic resection is effective for complete removal of Barrett's esophagus with early neoplasia: A prospective study. *Am J Gastroenterol*. 2006; 101(7): 1449–1457.
13. van Vilsteren FG, Pouw RE, Seewald S et al. Stepwise radical endoscopic resection versus radiofrequency ablation for Barrett's oesophagus with high-grade dysplasia or early cancer: A multicentre randomised trial. *Gut*. 2011; 60(6): 765–773.
14. Phoa KN, Rosmolen WD, Weusten BL et al. The cost-effectiveness of radiofrequency ablation for Barrett's esophagus with low-grade dysplasia: Results from a randomized controlled trial (SURF trial). *Gastrointest Endosc*. 2017; 86(1): 120–129.
15. Gondrie JJ, Pouw RE, Sondermeijer CM et al. Effective treatment of early Barrett's neoplasia with stepwise circumferential and focal ablation using the HALO system. *Endoscopy*. 2008; 40(5): 370–379.
16. Masuelli L, Tumino G, Turriziani M et al. Topical use of sucralfate in epithelial wound healing: Clinical evidences and molecular mechanisms of action. *Recent Pat Inflamm Allergy Drug Discov*. 2010; 4(1): 25–36.
17. Nagashima R. Mechanisms of action of sucralfate. *J Clin Gastroenterol*. 1981; 3(Suppl 2): 117–127.
18. Savarino E, Zentilin P, Marabotto E et al. Drugs for improving esophageal mucosa defense: Where are we now and where are we going? *Ann Gastroenterol*. 2017; 30(6): 585–591.
19. Bedre R, Raj U, Varadwaj P. Efficacy of sucralfate in reflux disease in comparison to H2 – receptor antagonist: A meta-analysis of randomized trials. *BEMS Reports*. 2016; 2(1): 18–22.
20. Tumino G, Masuelli L, Bei R et al. Topical treatment of chronic venous ulcers with sucralfate: A placebo controlled randomized study. *Int J Mol Med*. 2008; 22(1): 17–23.
21. Banati A, Chowdhury SR, Mazumder S. Topical use of Sucralfate Cream in second and third degree burns. *Burns*. 2001; 27(5): 465–469.
22. Zur E. Gastrointestinal mucositis: Focus on the treatment of the effects of chemotherapy and radiotherapy on the rectum. *IJPC*. 2012; 16(2): 117–124.
23. Gupta PJ, Heda PS, Kalaskar S et al. Topical sucralfate decreases pain after hemorrhoidectomy and improves healing: A randomized, blinded, controlled study. *Dis Colon Rectum*. 2008; 51(2): 231–234.
24. Ala S, Saeedi M, Eshghi F et al. Efficacy of 10% sucralfate ointment in the reduction of acute postoperative pain after open hemorrhoidectomy: A prospective, double-blind, randomized, placebo-controlled trial. *World J Surg*. 2013; 37(1): 233–238.
25. Mirani AJ, Maroof SM, Raza A et al. The role of 10% sucralfate ointment in the reduction of acute postoperative pain after open hemorrhoidectomy. *Pak J Surg*. 2015; 31(3): 153–57.
26. Albatany AA. Sucralfate ointment reduces pain and improves healing following haemorrhoidectomy: A prospective, randomized, controlled and double blinded study. *Egyptian J Surgery*. 2016; 35(2): 102–105.
27. Alkhateep Y, Fareed A. Double blinded randomized placebo-controlled comparative study between sucralfate ointment and lidocaine ointment after Milligan Morgan hemorrhoidectomy. *Int Surg J*. 2017; 4(12): 3822–3826.
28. Alvandipour M, Ala S, Tavakoli H et al. Efficacy of 10% sucralfate ointment after anal fistulotomy: A prospective, double-blind, randomized, placebo-controlled trial. *Int J Surg*. 2016; 36(Pt A): 13–17.
29. Jahanshahi J, Pazira S, Farahani F et al. Effect of topical sucralfate vs clindamycin on posttonsillectomy pain in children aged 6 to 12 years: A triple-blind randomized clinical trial. *JAMA Otolaryngol Head Neck Surg*. 2014; 140(8): 698–703.
30. Siupsinskiene N, Žekoniene J, Padervinskis E et al. Efficacy of sucralfate for the treatment of post tonsillectomy symptoms. *Eur Arch Otorhinolaryngol*. 2015; 272(2): 271–278.
31. Özler GS, Arli C, Akoğlu E. Use of topical sucralfate in the management of postoperative pain after tonsillectomy. *J Ann Eu Med*. 2014; 2(3): 17–20.
32. Taşkın Ü, Yiğit Ö, Şişman AS et al. Efficacy of sucralfate in the early postoperative improvement of pediatric thermal welding adenotonsillectomy morbidity. *Turk Arch Otolaryngol*. 2013; 51: 15–19.
33. Miura MS, Saleh C, de Andrade M et al. Topical sucralfate in post-adenotonsillectomy analgesia in children: A double-blind randomized clinical trial. *Otolaryngol Head Neck Surg*. 2009; 141(3): 322–328.
34. Candan S, Sapçı T, Türkmen M et al. Sucralfate in accelerating post-tonsillectomy wound healing. *Marmara Medical Journal*. 1997; 10(2): 79–83.
35. Sampaio AL, Pinheiro TG, Furtado PL et al. Evaluation of early postoperative morbidity in pediatric tonsillectomy with the use of sucralfate. *Int J Pediatr Otorhinolaryngol*. 2007; 71(4): 645–651.
36. Rees WD. Mechanisms of gastroduodenal protection by sucralfate. *Am J Med*. 1991; 91(2A): 58S–63S.
37. Szabo S. The mode of action of sucralfate: The 1 x 1 x 1 mechanism of action. *Scand J Gastroenterol Suppl*. 1991; 185: 7–12.
38. Volkin DB, Verticelli AM, Marfia KE et al. Sucralfate and soluble sucrose octasulfate bind and stabilize acidic fibroblast growth factor. *Biochim Biophys Acta*. 1993; 1203(1): 18–26.
39. Folkman J, Szabo S, Stovroff M et al. Duodenal ulcer. Discovery of a new mechanism and development of angiogenic therapy that accelerates healing. *Ann Surg*. 1991; 214(4): 414–425.

40. Yeh BK, Eliseenkova AV, Plotnikov AN et al. Structural basis for activation of fibroblast growth factor signaling by sucrose octasulfate. *Mol Cell Biol*. 2002; 22(20): 7184–7192.
41. Payno A, Lopez-Novoa JM, Rodriguez-Puyol D. Prostanoid production in post-gastrectomy gastritis. Influence of sucralfate. *Am J Med*. 1989; 86(6A): 17–20.
42. Stern AI, Ward F, Hartley G. Protective effect of sucralfate against aspirin-induced damage to the human gastric mucosa. *Am J Med*. 1987; 83(3B): 83–85.
43. Konturek SJ, Brzozowski T, Majka J et al. Role of nitric oxide and prostaglandins in sucralfate-induced gastroprotection. *Eur J Pharmacol*. 1992; 211(2): 277–279.
44. Slomiany BL, Murty VL, Piotrowski E et al. Activation of arachidonoyl phospholipase A2 in prostaglandin-mediated action of sucralfate. *Gen Pharmacol*. 1994; 25(2): 261–266.
45. Coleman JC, Lacz JP, Browne RK et al. Effects of sucralfate or mild irritants on experimental gastritis and prostaglandin production. *Am J Med*. 1987; 83(3B): 24–30.
46. Szelenyi I, Lanz R. Release of cytoprotective PGE2 from cultured macrophages induced by antacids and sucralfate. *Agents Actions* 1986; 18(3–4): 375–380.
47. Shindo K, Iizuka M, Sasaki K et al. Sucralfate prevents the delay of wound repair in intestinal epithelial cells by hydrogen peroxide through NF- κ B pathway. *J Gastroenterol*. 2006; 41(5): 450–461.
48. Greenhalgh DG. The role of apoptosis in wound healing. *Int J Biochem Cell Biol*. 1998; 30(9): 1019–1030.
49. Matsuu-Matsuyama M, Shichijo K, Okaichi K et al. Sucralfate protects intestinal epithelial cells from radiation-induced apoptosis in rats. *J Radiat Res (Tokyo)*. 2006; 47(1): 1–8.
50. Hoshino T, Takano T, Tomisato W et al. Effects of sucralfate on gastric irritant-induced necrosis and apoptosis in cultured guinea pig gastric mucosal cells. *Biol Pharm Bull*. 2003; 26(1): 24–27.
51. Slomiany BL, Piotrowski J, Slomiany A. Gastric mucosal inflammatory responses to Helicobacter pylori lipopolysaccharide: Suppression of caspase-3 and nitric oxide synthase-2 by omeprazole and sucralfate. *Inflammopharmacology*. 1999; 7(2): 163–177.
52. Slomiany BL, Piotrowski J, Slomiany A. Role of caspase-3 and nitric oxide synthase-2 in gastric mucosal injury induced by indomethacin: Effect of sucralfate. *J Physiol Pharmacol*. 1999; 50(1): 3–16.
53. Slomiany BL, Piotrowski J, Slomiany A. Role of interleukin-4 in down-regulation of endothelin-1 during gastric ulcer healing: Effect of sucralfate. *J Physiol Pharmacol*. 2000; 51(1): 69–83.
54. Slomiany BL, Piotrowski J, Slomiany A. Cell cycle progression during gastric ulcer healing by ebrotidine and sucralfate. *Gen Pharmacol*. 1997; 29(3): 367–370.
55. Sencan A, Yilmaz O, Ozer E et al. Does sucralfate prevent apoptosis occurring in the ischemia/reperfusion-induced intestinal injury? *Eur J Pediatr Surg*. 2003; 13(4): 231–235.
56. Zur E. Eosinophilic esophagitis: Treatment with oral viscous budesonide. *IJPC*. 2012; 16(4): 288–293.
57. Ip K, Carvalho M, Shan A et al. Physical and chemical stability of budesonide mucoadhesive oral suspension (MucoLox). *IJPC*. 2017; 21(4): 322–329.
58. Reed CC, Fan C, Koutlas N et al. Compounded oral viscous budesonide is effective and provides a durable response in eosinophilic esophagitis. *HSOA J Gastroenterol Hepatol Res*. 2018; 7(1): 2509–2515.
59. Fable JM, Fernandez M, Goodine S et al. Retrospective comparison of fluticasone propionate and oral viscous budesonide in children with eosinophilic esophagitis. *J Pediatr Gastroenterol Nutr*. 2018; 66(1): 26–32.
60. De Souza Ferreira SB, Moco TD, Borghi-Pangoni FB et-al. Rheological, mucoadhesive and textural properties of thermoresponsive polymer blends for biomedical applications. *J Mech Behav Biomed Mater*. 2015; 55: 164–178.
61. Mansuri S, Kesharwani P, Jain K et al. Mucoadhesion: A promising approach in drug delivery system. *React Funct Polym*. 2016; 100: 151–172.
62. Smart JD, Dunkley S, Tsiboulklis J et al. An in vitro model for the evaluation of the adhesion of solid oral dosage forms to the oesophagus. *IJPC*. 2013; 447(1–2): 199–203.
63. The Soap and Detergent Association. Glycerine: An overview. *SDA*. 1990; 1–27.