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Summary

Achalasia: Endoscopic and surgical treatments

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Education & Training | Endoscopy | Neurogastroenterology & Motility | Oesophagus | Primary Care | Surgery

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Comparative review of POEM, pneumatic dilation, and laparoscopic Heller myotomy for achalasia treatment shows POEM with high success rates but ongoing reflux management challenges across all modalities.

KEY POINTS

- The speaker reported POEM achieved 87% clinical success at 48 months with 1.5% serious adverse events and 22% symptomatic reflux in a meta-analysis of over 2000 patients across 11 studies
- POEM was stated to be significantly more successful than pneumatic dilation for Eckardt scores, though reflux rates were higher with POEM (44%) versus Heller plus Dor (29%) in one trial
- The European achalasia trial showed equal treatment success between pneumatic dilation and Heller myotomy at 2, 5, and 10 years, with a signal favoring pneumatic dilation for type 2 achalasia
- The speakers emphasized that conclusive reflux evidence requires LA grade C or D esophagitis, Barrett's, or stricture, noting that about 10% of POEM patients develop severe reflux esophagitis warranting surveillance endoscopy
- A retrospective study of 90 patients showed POEM was more effective than pneumatic dilation after failed Heller myotomy, and the speakers suggested POEM as the preferred retreatment after failed Heller
- The speakers advocated for multidisciplinary collaboration between gastroenterologists and surgeons, noting that treatment choice should depend on local expertise and patient factors rather than rigid protocol

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