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Summary

IMPACT OF HIATAL HERNIA ON PERORAL ENDOSCOPIC MYOTOMY OUTCOMES: A NATIONWIDE COHORT ANALYSIS

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In a propensity-matched analysis of 1276 pairs from a US national database, patients with hiatal hernia undergoing peroral endoscopic myotomy for achalasia had higher rates of adverse events and reintervention compared to those without hiatal hernia.

KEY POINTS

- Patients with hiatal hernia had significantly higher adverse event rates (8.4% vs 6.3%, p=0.04) and reintervention rates (7.2% vs 5.3%, p=0.04) compared to those without hiatal hernia
- Infections including peritonitis and mediastinitis were the most common adverse events, occurring more frequently in the hiatal hernia group (4.9% vs 3.3%, p=0.04)
- The hiatal hernia group experienced longer hospital stays (median 4 vs 3 days, p<0.01) and higher rates of trauma such as pneumothorax (1.1% vs 0.4%, p=0.03)
- On logistic regression, hiatal hernia was independently associated with adverse events (OR 1.33, 95% CI 1.06-1.68)
- No significant differences were observed in 30-day mortality, bleeding, or esophageal perforation rates between groups

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