

RETROGRADE CRICOPHARYNGEAL DYSFUNCTION (RCPD) – A NOVEL MANOMETRY PROTOCOL TO CONFIRM DIAGNOSIS

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Poster

Oesophagus

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A 28-year-old male with inability to belch, chest pain, and bloating was diagnosed with retrograde cricopharyngeal dysfunction (RCPD or Abelchia) using extended high-resolution manometry protocols after standard testing and initial treatments failed.

KEY POINTS

- The patient failed to respond to PPI therapy, cricopharyngeal dilatation, and initial cricopharyngeal Botox therapy.
- Standard high-resolution oesophageal manometry and 24-hour pH-impedance studies showed normal findings except recurrent weak motility and an unusual pattern of gastric belching with air bolus re-swallowing.
- An extended manometry protocol using a 330mL carbonated drink reproduced symptoms and demonstrated gastro-oesophageal gaseous reflux with failed upper oesophageal sphincter relaxation preventing belching.
- The final diagnosis was RCPD (Abelchia), with recommended management of high-dose (100U) multi-site botulinum toxin A injection into the cricopharyngeal muscle.
- Discussion points include whether initial Botox failure resulted from sub-optimal dosing of the afferent neural pathway.

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