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Summary

What are the diagnostic options?

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Endoscopy | Primary Care | Neurogastroenterology & Motility

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This educational presentation outlines a systematic diagnostic approach to oesophageal dysphagia, using a case of esophagogastric junction outlet obstruction to illustrate the sequential use of endoscopy, high resolution manometry with provocative testing, and supportive tests including timed barium esophagram and endoflip.

KEY POINTS

- The speaker recommends starting with structural testing via endoscopy and biopsies to rule out structural and mucosal causes before proceeding to functional testing
- High resolution manometry is performed using Chicago classification with ten single wet swallows, but the speaker emphasizes that normal single swallows do not equal a normal manometry and provocative testing such as solid meal test is important, which the speaker states increased major motor disorder diagnosis from 35% to 67% in one study
- For esophagogastric junction outlet obstruction, an inconclusive manometric pattern, supportive testing with timed barium esophagram or endoflip is needed, with the speaker noting that Chicago guidance is to use whichever test is available
- The presented case showed discordant results between timed barium esophagram and impedance (both showing no retention) versus endoflip (showing low distensibility index and reduced diameter), ultimately confirming outlet obstruction
- The speaker teaches that if secondary causes are suspected, CT imaging should be performed to exclude submucosal tumors, infiltrative disease, or extrinsic compression
- Reflux testing with pH or impedance-pH monitoring is indicated when prior tests are normal and the patient has reflux symptoms, to assess for nonerosive GERD or oesophageal hypersensitivity

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