

ESOPHAGEAL CLEARANCE ASSESSMENT USING HIGH-RESOLUTION IMPEDANCE MANOMETRY: A NEW STANDARD FOR EVALUATING POST-POEM OUTCOMES IN ACHALASIA? A ONE-YEAR PROSPECTIVE STUDY WITH EXTERNAL VALIDATION

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Poster

Oesophagus

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High-resolution impedance manometry demonstrated superior reproducibility and stronger correlation with clinical outcomes compared to timed barium esophagogram for assessing esophageal clearance after peroral endoscopic myotomy in achalasia patients.

KEY POINTS

- In 104 achalasia patients undergoing peroral endoscopic myotomy with 90% success rate, esophageal clearance measured by high-resolution impedance manometry correlated more strongly with 12-month clinical outcomes (Spearman $r=0.68$) than timed barium esophagogram ($r=0.37$).
- Interobserver reproducibility was significantly higher for high-resolution impedance manometry (ICC=0.98) than timed barium esophagogram (ICC=0.93), $p<0.001$.
- At the most discriminative threshold, high-resolution impedance manometry showed 66% sensitivity, 82% specificity, and 95% negative predictive value for predicting treatment failure at 12 months.
- External validation in an independent cohort confirmed diagnostic utility with 55.6% sensitivity, 82.7% specificity, and 91.5% negative predictive value for predicting clinical failure.
- This prospective study with external validation supports high-resolution impedance manometry as a radiation-free alternative for post-procedure assessment in achalasia management.

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