

ESOPHAGEAL CLEARANCE DETERMINED BY HIGH RESOLUTION IMPEDANCE MANOMETRY IN ACHALASIA : A NEW STANDARD ?

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Poster

Oesophagus

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High-resolution manometry with impedancemetry correlates better with clinical outcomes than timed barium esophagogram for assessing esophageal clearance after POEM in achalasia patients.

KEY POINTS

- In 50 achalasia patients treated with POEM, incomplete esophageal clearance on HRiM was significantly associated with treatment failure (Eckardt score >3) with a relative risk of 17.0, while TBE showed no significant association.
- HRiM demonstrated superior diagnostic performance for predicting treatment failure compared to TBE, with AUC 0.872 versus 0.707 and better specificity (77% versus 11%).
- At 3 months post-POEM, 90.7% of patients showed incomplete clearance on TBE versus only 21.7% on HRiM, despite a 94% clinical response rate, suggesting TBE may overestimate persistent dysfunction.
- Correlation between clinical symptoms (Eckardt score) and clearance measures was stronger for HRiM ($r=0.66$) than for TBE ($r=0.31$), with poor correlation between the two modalities ($r=0.375$).
- This study is relevant for clinicians seeking objective assessment tools for achalasia treatment outcomes, though the authors note additional studies are needed for validation.

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