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Summary

Endoscopic management of gastrointestinal motility disorders – part 1: European Society of Gastrointestinal Endoscopy (ESGE) Guideline

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Standards and Guidelines

Endoscopy | Neurogastroenterology & Motility

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ESGE guideline recommendations address endoscopic management of achalasia, spastic esophageal motility disorders, and gastroparesis with specific protocols for pneumatic dilation, POEM, botulinum toxin, and G-POEM.

KEY POINTS

- ESGE recommends a graded pneumatic dilation protocol for achalasia starting with 30-mm dilation, followed by 35-mm at 2–4 weeks, then 40-mm if relief is insufficient, rather than single or larger initial dilations.
- ESGE recommends against routine botulinum toxin injection for non-achalasia hypercontractile esophageal motility disorders such as Jackhammer esophagus and distal esophageal spasm; if used in individual cases, injections should target four quadrants of the lower esophageal sphincter and lower third of esophagus.
- Endoscopic pylorus-directed therapy should only be considered in patients with symptoms of gastroparesis plus objective delayed gastric emptying on validated testing after medical therapy failure; botulinum toxin injection is not recommended for unselected gastroparesis patients.
- ESGE recommends caution when treating spastic motility disorders other than achalasia with POEM, and G-POEM should be restricted to carefully selected patients in expert centers, preferably within clinical trials, given limited data on effectiveness, safety, and durability.

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