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Summary

BARIUM ESOPHAGRAMS HAVE THE HIGHEST YIELD IN EXCLUDING CLINICALLY IRRELEVANT ESOPHAGOGASTRIC JUNCTION OUTFLOW OBSTRUCTION – A CROSS SECTIONAL STUDY

Braden Kuo

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Chicago Classification 4.0 criteria for clinically relevant esophagogastric junction outflow obstruction reduce diagnosis rates by requiring symptoms and adjunctive testing in addition to manometric findings, with barium esophagrams showing the highest yield for excluding clinically irrelevant cases.

KEY POINTS

- Among 486 patients undergoing high resolution manometry, 100 (20.6%) had elevated integrated relaxation pressure in at least one position with normal peristalsis.
- Applying clinically relevant EGJOO criteria requiring symptoms, manometry, and adjunctive tests reduced diagnosis rates from 27.3% to 3.1% in the CC4 group and from 11.1% to 5.3% in the CC3 group.
- Barium esophagrams excluded clinically relevant EGJOO in 78.8% of cases, the highest yield among adjunctive tests, while symptoms alone excluded 24% and FLIP rejected 63.6%.
- Most (93.1%) elevated integrated relaxation pressures occurred in the supine position, and patients with elevated IRP and positive adjunctive tests were invariably symptomatic, though most symptomatic patients did not have clinically relevant EGJOO.
- This study is relevant for gastroenterologists and motility specialists evaluating patients with suspected esophagogastric junction outflow obstruction and selecting appropriate diagnostic testing.

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