

ENDOLUMINAL FUNCTIONAL LUMINAL IMAGING PROBE IS SUPERIOR TO MANOMETRY IN ASSESSING PREVIOUSLY TREATED ACHALASIA PATIENTS WITH SYMPTOM RECURRENCE

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

In previously-treated achalasia patients with symptom recurrence, EndoFLIP distensibility index correlates with barium swallow findings and differs significantly from treatment-naïve patients, while high resolution manometry shows limited utility for guiding re-intervention decisions.

KEY POINTS

- Among 70 achalasia patients (25 previously treated, 45 treatment-naïve), mean distensibility index was significantly higher in previously treated versus naïve patients (2.6 ± 1.6 vs 1.8 ± 1.0 , $p=0.017$).
- In previously treated patients, distensibility index correlated with height of barium column at 5 minutes ($r=-0.439$, $p=0.015$) and was lower in those without barium clearance (1.8 ± 0.9 vs 2.5 ± 1.6 , $p=0.017$), while integrated relaxation pressure did not correlate with barium findings.
- Distensibility index did not correlate with integrated relaxation pressure in previously treated patients ($r=-0.168$, $p=0.374$), unlike in treatment-naïve patients ($r=-0.227$, $p=0.046$).
- Neither distensibility index, integrated relaxation pressure, nor barium column height correlated with Eckardt symptom scores in previously treated patients (all $p>0.4$).
- The authors conclude that distensibility index may serve as an objective metric alongside barium swallow to guide re-intervention decisions, as high resolution manometry cannot reliably inform treatment decisions in approximately half of previously treated patients; specific diagnostic cut-offs require further study.

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