INTEGRATED RELAXATION PRESSURE ON HIGH RESOLUTION MANOMETRY DIFFERS BETWEEN MEASUREMENT ACROSS LOWER ESOPHAGEAL SPHINCTER ALONE VS. CRURAL DIAPHRAGM IN THE PRESENCE OF A HIATUS HERNIA

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Differential measurement of integrated relaxation pressure across the lower esophageal sphincter and crural diaphragm separately reduces over-diagnosis of esophagogastric junction outflow obstruction in patients with hiatus hernia.

KEY POINTS

- In 467 patients undergoing high resolution manometry, when hiatus hernia was present, IRP measured across both LES and CD together was significantly higher than IRP measured separately across LES or CD ($p<0.001$).
- Of 11 patients with IRP greater than 15 mmHg in type 2 and type 3 EGJ using standard methodology, only 3 retained persistent IRP elevation when LES and CD were assessed separately.
- Standard methodology found similar median IRP values across the three EGJ morphological subtypes: type 1 (no hernia) 6.1 mmHg, type 2 (LES-CD separation <3 cm) 5.5 mmHg, and type 3 (separation ≥3 cm) 8.5 mmHg.
- The authors speculate that standard IRP measurement may capture pressurization within the hiatus hernia itself when measured across both LES and CD in hernia patients.
- This study is relevant for clinicians interpreting high resolution manometry in patients with hiatus hernia to avoid misclassifying patients as having outflow obstruction.

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