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Summary

HIGH RESOLUTION ESOPHAGEAL MANOMETRY IN EVALUATION OF EFFICACY OF PERORAL ENDOSCOPIC MYOTOMY

Dmitry S. Bordin

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A study of 43 achalasia patients one year after peroral endoscopic myotomy (POEM) found that manometric parameters including lower esophageal sphincter pressure, integrated residual pressure, and distal contractile interval decreased substantially in satisfied patients but less so in eight dissatisfied patients.

KEY POINTS

- 35 patients (group A) showed clinical satisfaction with median Eckardt score dropping from 7 to 2, while 8 patients (group B) remained dissatisfied with persistent dysphagia or chest pain.
- In satisfied patients, mean LES resting pressure fell from 39.1±2.7 to 18.9±1.4 mmHg, integrated residual pressure from 22.8±0.7 to 9.8±0.6 mmHg, and DCI from 1865.5±286.9 to 128.2±53.8.
- In dissatisfied patients, reductions were smaller: LES pressure from 48.8±2.4 to 33.6±2.4 mmHg, IRP from 22.8±0.7 to 15.01±0.6 mmHg, and DCI from 2999.6±417.6 to 1038.1±107.7.
- Patients with type III achalasia in the dissatisfied group showed persisting spastic contractions in the middle and lower esophagus on high resolution manometry.
- The authors propose that substantial reduction in these manometric parameters may serve as criteria for POEM effectiveness, with absence of spastic contraction as an additional criterion in type III achalasia.

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