

PRESENCE OF ESOPHAGEAL CONTRACTILITY AFTER TREATMENT OF NON-SPASTIC ACHALASIA IS ASSOCIATED WITH IMPROVED ESOPHAGEAL EMPTYING

Dustin A. Carlson

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Poster

Oesophagus

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In a retrospective study of 122 treated achalasia patients, post-treatment esophageal contractility was associated with better esophageal emptying on barium studies, occurred more frequently in type II achalasia, and was facilitated by adequate EGJ opening.

KEY POINTS

- Fifty percent of patients demonstrated esophageal contractility on post-treatment high-resolution manometry at median 13-month follow-up after peroral endoscopic myotomy, pneumatic dilation, or laparoscopic Heller myotomy.
- Patients with contractility had significantly lower barium column heights on timed barium esophagram at 1 minute (4 vs 8 cm, $p<0.05$) and 5 minutes (0 vs 6 cm, $p<0.05$) compared to those without contractility, suggesting improved esophageal emptying.
- Contractility was more frequent in patients with pre-treatment type II achalasia (84% vs 57%, $p=0.001$) and in those who achieved normal or borderline-normal EGJ opening after treatment (92% vs 66%, $p<0.001$).
- Eckardt symptom scores did not differ significantly between groups with and without contractility.
- The authors conclude that preserving esophageal contractility through adequate but not excessive myotomy may improve outcomes in non-spastic achalasia patients.

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