EFFECT OF HIATAL HERNIA AND ESOPHAGOGASTRIC JUNCTION MORPHOLOGY ON OESOPHAGEAL MOTILITY. NEW EVIDENCES FROM HIGH RESOLUTION MANOMETRY

Elisa Marabotto

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A retrospective analysis of 848 patients undergoing high-resolution manometry found that hiatal hernia is significantly associated with ineffective esophageal peristalsis, independent of gastroesophageal reflux disease status.

KEY POINTS

- Among 848 patients, hiatal hernia was identified in 295 cases (38.8%) and was a significant risk factor for ineffective peristalsis both in all subjects (OR=1.60, P<0.001) and in patients without GERD (OR=1.84, P=0.03).
- The risk for ineffective peristalsis increased 1.3 times for every centimeter of hiatal hernia separation, showing a dose-response relationship with hernia size.
- No statistically significant association was found between hiatal hernia and either outflow obstruction or jackhammer esophagus.
- The study population included patients without previous esophageal surgery (mean age 57 years, 56.8% female), with ineffective peristalsis diagnosed in 162 (19.1%) patients overall.
- The authors conclude that esophagogastric junction morphology appears able to alter esophageal motility independent of GERD, which may have implications for surgical decision-making.

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