What are the medical and endoscopic therapeutic options?

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Medical therapy for non-achalasia esophageal motility disorders (EGJ outflow obstruction, diffuse esophageal spasm, hypercontractile/ jackhammer esophagus, ineffective motility, and functional dysphagia) has virtually no evidence of efficacy, though endoscopic options including Botox injection, pneumatic dilation, and POEM show varying success rates in small studies.

KEY POINTS

- The speaker emphasized ruling out opioid use is essential in all hypercontractile disorders, as a Spanish group reported stopping opioids for more than seven days resolved motility disorders in over half of patients.
- For EGJ outflow obstruction, the speaker stated Botox injection achieved symptom relief in 55% of patients at one year in a 36-patient study, pneumatic dilation showed 67-79% durability at two years, and POEM reported 80-85% long-term success with higher reflux risk.
- For diffuse esophageal spasm, the speaker reported a 15-patient RCT showed Botox significantly decreased symptoms and stabilized weight loss with about 30% response at one year, while POEM meta-analysis subgroup data showed 97.8% pooled clinical success with 18-19% developing new-onset heartburn.
- For hypercontractile/jackhammer esophagus, the speaker stated POEM subgroup analysis showed about 81% clinical success rate, lower than for EGJ outflow obstruction or diffuse esophageal spasm, with all evidence based on very small subgroups and low-level data.
- The speaker recommended conservative treatment first, emphasized that treatment should be as conservative as possible unless symptoms are severe or cause weight loss, and noted many patients show manometric improvement without symptom relief, raising doubt about the origin of dysphagia.

– Guidelines advise starting with less invasive approaches like dilation or Botox before considering POEM in selected cases, and for ineffective esophageal motility the speaker recommended focusing treatment efforts on associated GERD rather than esophageal contraction amplitude.

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