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Summary

TRANSVERSE VERSUS LONGITUDINAL MUCOSOTOMY IN PERORAL ENDOSCOPIC MYOTOMY: A MULTICENTER RANDOMIZED CONTROLLED TRIAL

Gilberto Jaramillo

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Oesophagus | Histopathology | Endoscopy | Digestive Oncology

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In a multicenter randomized trial of 140 POEM procedures, a 15-mm transverse mucosotomy reduced time to submucosal tunnel entry by 44 seconds and improved multiple efficiency metrics compared with longitudinal incision without increasing adverse events.

KEY POINTS

- Transverse mucosotomy significantly reduced median time to tunnel entry (228 vs 269 seconds, adjusted difference −44 s, 95% CI −78 to −10, p=0.011) in 140 adults with achalasia or spastic esophageal motility disorders randomized 1:1 across three tertiary centers.
- Transverse incision reduced need for hemostasis (38.6% vs 57.1%, RR 0.68, p=0.028), shortened closure time by 352 seconds (p<0.001), and required fewer through-the-scope clips (median 3 vs 7, rate ratio 0.44, p<0.001).
- Pneumoperitoneum occurred less frequently with transverse mucosotomy (34.3% vs 51.4%, RR 0.67, p=0.040), with no significant differences in gas decompression requirement, subcutaneous emphysema, serious adverse events, or 30-day readmissions.
- Primary outcome was assessed by blinded video review; both operators had experience exceeding 100 POEM procedures.
- The presenter stated that further studies evaluating long-term clinical outcomes and cost-effectiveness are needed to confirm broader applicability.

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