IMPEDANCE PLANIMETRY (ENDOFLIP®) IN THE INITIAL APPROACH TO DYSPHAGIA – THE NEW PARADIGM OF ESOPHAGEAL MOTILITY?

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A retrospective study of 106 dysphagia patients evaluated with impedance planimetry (EndoFLIP®) found pathological findings in 78.3% of cases, leading to therapeutic changes in two-thirds of patients, including 22 treated in the same endoscopic session.

KEY POINTS

- In 49 patients who had not undergone high-resolution manometry (HRM), 78.8% had diagnostic EndoFLIP® findings, most frequently achalasia (n=12), demonstrating utility when HRM is not performed due to intolerance, eosinophilic esophagitis assessment, optimization during index endoscopy, or post-surgical evaluation.
- Among 16 patients with inconclusive HRM results, EndoFLIP® identified abnormalities in all but one case, diagnosing achalasia (n=4), outflow obstruction of the esophagogastric junction (n=4), and absence of contractility (n=3).
- Of 14 patients with suspected outflow obstruction on HRM, only three were confirmed on EndoFLIP®, with the remainder reclassified as normal (n=8), achalasia (n=2), or absence of contractility (n=1).
- The authors conclude that EndoFLIP® may enable faster diagnoses, reduce additional testing, and allow earlier therapeutic planning in dysphagia assessment, advocating for routine use during index endoscopy, post-surgical evaluations, and specific pathology assessments.

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