A PROSPECTIVE RANDOMIZED MULTICENTRE TRIAL COMPARING PNEUMATIC DILATION AND PERORAL ENDOSCOPIC MYOTOMY (POEM) AS TREATMENT FOR IDIOPATHIC TREATMENT-NAÏVE ACHALASIA

Guy E. Boeckxstaens

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POEM was non-inferior to graded pneumatic dilation with protocolised re-dilation for treatment-naïve achalasia at 2 years, achieving 80.5% versus 66.1% clinical success.

KEY POINTS

- In a multicentre RCT of 118 treatment-naïve achalasia patients, POEM achieved clinical success (Eckardt score ≤3) in 80.5% at 2 years versus 66.1% for graded pneumatic dilation, meeting non-inferiority within a -10% margin (difference 14.4%, 95%CI: -2.1 to 32.0, p=0.004).
- Pneumatic dilation used a standardised step-up protocol (30–35–40 mm) with permitted re-dilation; 17.5% of PD patients required re-dilation and 7.0% required a second re-dilation during follow-up.
- Objective reflux parameters (total percent time pH<4) were remarkably higher after POEM, although patient-reported reflux symptoms did not differ significantly between groups.
- Both treatments resulted in sustained reductions in barium column height and similar improvements in general and disease-specific quality-of-life measures over 2 years.
- Safety events included one oesophageal perforation after PD and one POEM procedure that was technically not feasible.
- The presenter stated that PD with protocolised re-dilation is a valid treatment option, particularly for patients who can logistically attend for repeat procedures, and that treatment discussion should be nuanced rather than defaulting to endoscopic myotomy.

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