

POSITION DURING OESOPHAGEAL HIGH-RESOLUTION MANOMETRY AND ANALYSIS METHODOLOGY AFFECT MANOMETRIC DIAGNOSIS

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Poster

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Patient position, analysis methodology, and gastric sensor placement significantly affect oesophageal high-resolution manometry results and can alter diagnoses in up to 17% of studies.

KEY POINTS

- In 96 patients undergoing oesophageal high-resolution manometry, distal contraction integral values were significantly higher in supine position (2607 and 2014 mmHg/cm/sec automatic and manual) compared to upright position (1558 and 1371 mmHg/cm/sec), with $p < 0.0001$ for both comparisons.
- Differences in patient posture led to diagnostic changes in 17% of studies, while differences in analysis methodology (automatic versus manual) led to diagnostic changes in 11% of studies.
- Integrated relaxation pressure values were significantly higher when the gastric pressure sensor was placed in the lowest gastric area pressure zone (15.5 and 11.1 mmHg) versus 2 cm below the lower oesophageal sphincter (11.9 and 7.9 mmHg), increasing the proportion of oesophageal outflow obstruction diagnoses.
- The authors conclude that consensus on posture and analysis methodology is needed to reduce differences between laboratories.

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