"Please, help me with my chest pain!"

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UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Oesophagus

October 5, 2025

A 53-year-old woman with post-prandial chest pain and dysphagia ultimately required antidepressant therapy after her atypical oesophageal motility disorder improved with interventions but chest pain persisted, leading to a diagnosis of functional chest pain with visceral hypersensitivity.

KEY POINTS

- The speaker presented a case with initial findings of atypical oesophageal motility disorder showing 60% pan-oesophageal pressurisation, borderline integrated relaxation pressure of 15mm mercury, and lower oesophageal sphincter spasms on manometry.
- First-line botulinum toxin injection into the oesophagus and lower oesophageal sphincter produced significant clinical and manometric improvement at three months, with manometry showing ineffective oesophageal motility and good junction relaxation.
- Symptoms relapsed at four months; a second botulinum toxin injection failed, and subsequent peroral endoscopic myotomy improved manometry to show no oesophageal contraction and normal junction relaxation but chest pain persisted.
- Post-myotomy workup excluded oesophagitis and reflux with negative symptom-reflux association on pH monitoring, and a PPI trial did not help.
- The speaker diagnosed functional chest pain with overlap of visceral hypersensitivity and reported that venlafaxine 75mg induced symptom relief.
- The speaker discussed antidepressants and brain-gut behavioural therapies as management options in the absence of indication for further endoscopic treatment.

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