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Summary

A DIFFERENTIATED APPROACH TO SELECTING THE ENDOSCOPIC SURGICAL TECHNIQUE FOR THE TREATMENT OF ESOPHAGEAL ACHALASIA

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UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Surgery | Neurogastroenterology & Motility | Endoscopy | Oesophagus

October 20, 2026

In 31 patients with esophageal achalasia, endoscopic ultrasound elastography identifying fibrosis versus hypertrophy of the lower esophageal sphincter predicted treatment response, with fibrosis associated with pneumatic balloon dilation failure and successful POEM outcomes.

KEY POINTS

- Pneumatic balloon dilation (35 mm, 2-5 sessions) achieved 87.1% symptomatic effectiveness and 83.8% LES relaxation effectiveness, with 22.6% recurrence at up to 16 months follow-up.
- In 19.4% of recurrence cases where repeat balloon dilation failed, EUS demonstrated fibrosis with distal esophageal wall thickening of 3.26 mm and LES thickening of 5.65 mm.
- POEM performed in 6 patients with fibrosis and failed balloon dilation was effective in 5 out of 6 patients at up to 12 months follow-up.
- EUS compression elastography differentiated hypertrophy (green-yellow pattern) from fibrosis (blue pattern), with fibrosis averaging 36.8% of LES muscle layer across all patients but ranging from 10% to 89%.
- Post-dilation complications occurred in 6.5% of cases, including submucosal hematoma and longitudinal mucosal tears of the distal esophagus.
- The presenter concluded that fibrosis identified by EUS elastography may warrant upfront myotomy rather than balloon dilation.

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