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Summary

PER-ORAL ENDOSCOPIC MYOTOMY IN CASES WITH PRIOR HELLER'S MYOTOMY: OUTCOMES AT A MEDIAN FOLLOW-UP OF FIVE YEARS

Mohan Ramchandani

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Per-oral endoscopic myotomy achieved 87.9% clinical success at median 63-month follow-up in 72 patients with failed Heller's myotomy, though reflux esophagitis occurred in 57.1%.

KEY POINTS

- All 72 patients with prior failed Heller's myotomy achieved technical success with posterior-route POEM (mean myotomy length 10.7±3.3 cm, mean procedure duration 59.1±25.9 minutes).
- At median 63-month follow-up, 58 patients (87.9%) maintained clinical success defined as Eckardt score below 3.
- Significant improvements were observed in Eckardt score (6.5±1.8 to 0.7±0.7 at 1 year, 1.5±1 at 5 years), LES pressure (31.7±12.5 to 13.3±5.7 mmHg), and barium emptying (14.2±4.2 to 2.4±3.1 cm).
- Reflux esophagitis was documented in 28 patients (57.1%) and increased esophageal acid exposure in 11 patients (55%), with PPI use comparable pre- and post-POEM (33% vs 37.9%, p=0.482).
- This retrospective study is relevant for gastroenterologists managing achalasia patients with prior surgical myotomy failure.

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