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Summary

MANOMETRIC DIAGNOSIS AND TREATMENT OF RETROGRADE CRICOPHARYNGEUS DYSFUNCTION (R-CPD)

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Oesophagus

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High resolution impedance manometry with belch provocation discriminates retrograde cricopharyngeus dysfunction from controls by identifying elevated upper esophageal sphincter pressures during gas reflux and prolonged air entrapment.

KEY POINTS

- In 35 patients with suspected retrograde cricopharyngeus dysfunction, upper esophageal sphincter pressure significantly increased during gastroesophageal gas reflux events (p=0.0042), with UES relaxation occurring in only 6% of reflux events compared to normal deglutitive relaxation in all patients.
- After botulinum toxin injection, 6 of 8 patients improved and were able to belch, with significant reduction in upper esophageal sphincter pressures and median air entrapment time reduced from 35 seconds to 0 seconds.
- Control patients and healthy volunteers had significantly lower upper esophageal sphincter pressures during gas reflux events compared to before reflux, allowing adequate belching in all, distinguishing them from retrograde cricopharyngeus dysfunction patients.
- The study supports development of a diagnostic algorithm and standardized high resolution impedance manometry protocol with belch provocation for patients presenting with inability to belch.

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