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Summary

# CLINICAL COURSE OF BLOWN-OUT MYOTOMY AFTER PERORAL ENDOSCOPIC MYOTOMY IN PATIENTS WITH ESOPHAGEAL MOTILITY DISORDERS

Yuzo Kodama

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**Blown-out myotomy after POEM has a 5-year incidence of 8.1%, develops primarily within 1-3 years post-procedure, and is associated with significantly reduced long-term clinical success.**

## KEY POINTS

- Male sex (OR 2.88, p=0.016), thin esophageal muscle layer during myotomy (OR 3.16, p=0.007), and post-POEM clinical reflux at 3 months (OR 5.76, p<0.001) are independent risk factors for blown-out myotomy.
- In patients with post-POEM reflux, acid-suppressive therapy significantly reduced blown-out myotomy incidence from 17.8% to 3.5% (p=0.001).
- A novel four-grade endoscopic classification for blown-out myotomy (grades 0-3, with grades 2-3 defining endoscopic BOM) demonstrated almost perfect agreement with radiographic findings (kappa=0.95, 95% CI 0.86–1.00).
- Blown-out myotomy progression occurred mainly between 1 and 3 years after POEM, then plateaued, with 1-year, 2-year, and 5-year incidence rates of 3.1%, 6.6%, and 8.1%, respectively.
- Early surveillance and acid-suppressive therapy in high-risk patients may be clinically important to prevent blown-out myotomy and preserve long-term treatment success.

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