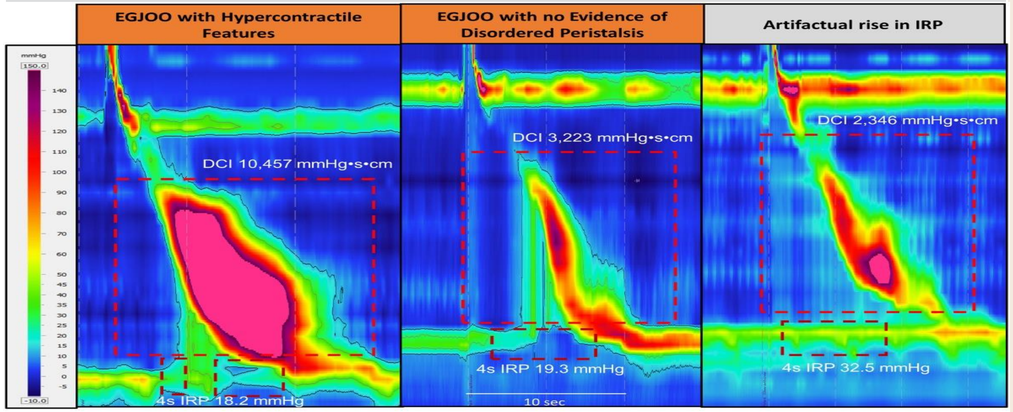
# What do you do when the HRM shows Esophagogastric Junction Outlet Obstruction (EGJOO) and it is not achalasia?

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## Background

- Approximate 10% of patients undergoing high resolution manometry (HRM) have been found to have EGJOO motility pattern.
- The Chicago classification update to version IV provides better clarification of esophagogastric junction outflow obstruction (EGJOO) into it's own subcategory separate from achalasia and defined as a condition of elevated median IRP both primary and secondary positions and ≥20% swallows with elevated intrabolus pressure in the supine position, with evidence of normal peristalsis (figure 1)[1].
- The presentation of EGJOO on HRM is further subcategorized into 3 groups.
- We aim to identify trends in presentation and management strategies of EGJOO that resulted in the best post management symptomatic outcomes.



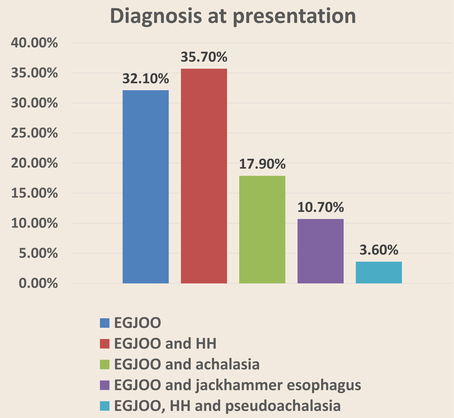

Courtesy of National Jewish Health, Esophageal Function Laboratory

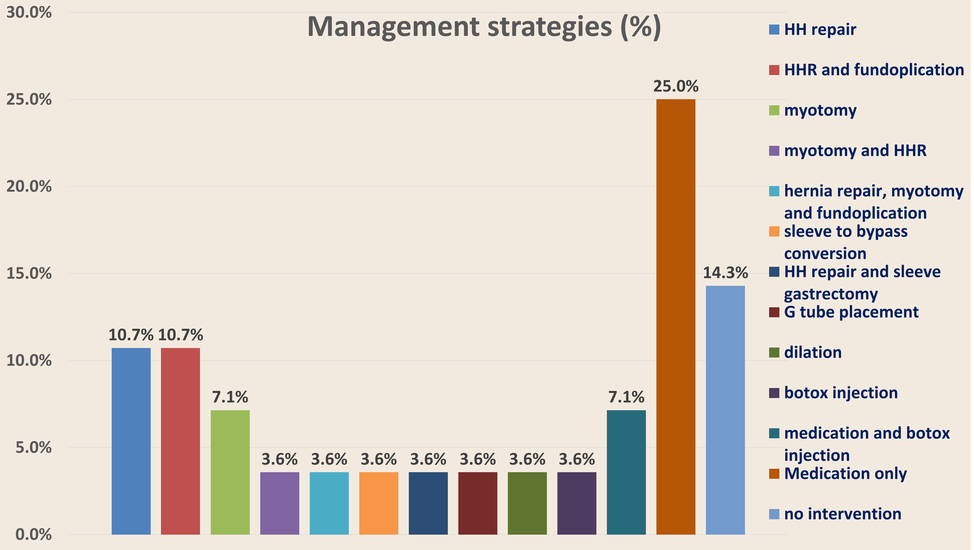
## Study Design

- Retrospective chart review of 267 patients evaluated with HRM from 1/1/2017 to 12/31/2020 at a single hospital system.
- These studies were interpreted by a team of three specialists: two gastroenterologists and one surgeon.
- In depth chart review was done for 41 patients with EGJOO on demographics, presenting symptoms, manometric and endoscopic findings, management modality and outcomes. 13 patients with no follow up in EMR after initial presentation were excluded from data analysis.
- Management modality included; surgical, procedural, pharmacological and expectant management.
- Success of intervention was defined as symptom improvement or complete resolution from pre-intervention baseline noted at final follow up.

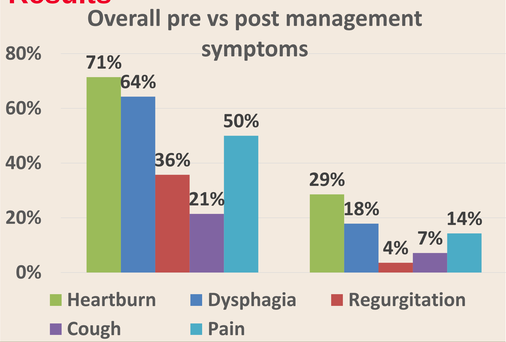
## Results

- 28 patients (7 male/21 female) included in analysis. (mean age 64.6 years). Mean follow up 4 months
- 5 (21.4%) had a history of prior foregut surgery (sleeve gastrectomy, gastric bypass, hiatal hernia repair (HHR) and fundoplication).
- Surgical group; 8/13 patients presented with heartburn and 87.5% improved/resolved while 7/13 had dysphagia, 6/13 had regurgitation, 2/13 had cough and 4/13 had pain which all resolved/improved at follow up.
- Nonsurgical group, 13/15 patients presented with heartburn, 11/15 dysphagia, 4/15 regurgitation, 4/15 cough and 10/15 pain. At final follow up: resolved/improved symptoms were reported in 46.2% heartburn, 63.6% dysphagia, 75% regurgitation, 50% cough and 70% pain.




## Results




## Conclusions

1. Manometric findings of EGJOO did not always correlate with dysphagia, but responded well to surgical intervention.
2. Patients managed medically with EGJOO had minimal improvement in symptoms.
3. Patients with EGJOO on manometry had better symptomatic benefit when they were managed with surgery compared to non-surgical approaches. Patients with EGJOO on manometry should be assessed for surgical intervention regardless of the presence of dysphagia.

## References

1. Yadlapati R, Kahrilas PJ, Fox MR, Bredenoord AJ, Prakash Gyawali C, Roman S, Babaei A, Mittal RK, Rommel N, Savarino E, Sifrim D, Smout A, Vaezi MF, Zerbib F, Akiyama J, Bhatia S, Bor S, Carlson DA, Chen JW, Cisternas D, Cock C, Coss-Adame E, de Bortoli N, Defilippi C, Fass R, Ghoshal UC, Gonlachanvit S, Hani A, Hebbard GS, Wook Jung K, Katz P, Katzka DA, Khan A, Kohn GP, Lazarescu A, Lengliner J, Mittal SK, Omari T, Park MI, Penagini R, Pohl D, Richter JE, Serra J, Sweis R, Tack J, Tatum RP, Tutuian R, Vela MF, Wong RK, Wu JC, Xiao Y, Pandolfino JE. Esophageal motility disorders on high-resolution manometry: Chicago classification version 4.0©. Neurogastroenterol Motil. 2021 Jan;33(1):e14058. doi: 10.1111/nmo.14058. Erratum in: Neurogastroenterol Motil. 2022 Dec 5;:e14179. PMID: 33373111; PMCID: PMC8034247.

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