Symptom Duration Does Not Affect Outcomes in Per Oral Pyloromyotomy (POP)

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Background

- Per Oral Pyloromyotomy (POP) is a relatively novel technique to address gastroparesis, however little is known about the efficacy of POP for patients with long standing gastroparesis
- Hypothesis:
  - Patients with longer history of gastroparesis symptoms will have worse outcomes following POP than patients with shorter symptom duration

Methods

- Retrospective chart review from 2018-2023
- Cohorts based on symptom duration:
  - < 1 year, 1-3 years, 4-10 years, and > 10 years
- POP failure defined as the necessity for repeat intervention or symptom recurrence
- We compared demographic, preoperative, and post-operative outcomes across these cohorts
- Multivariable logistic regression investigated the relationship between symptom duration and the response to POP

Results

- No significant difference for:
  - Patient demographics (age, sex, BMI, Charles-Deyo-Comorbidity-Index, or smoking status)
  - Pre-operative HbA1c (p 0.76)
  - Underlying cause (diabetes, post-surgical, or idiopathic) for gastroparesis (p 0.22)
  - Past surgeries (esophagectomy, paraesophageal hernia, or fundoplication) (p 0.76)
  - Symptom recurrence (p 0.58) or time to recurrence (p 0.77)

Conclusions

- This data suggests that longer symptom duration is not associated with increased rates of POP failure. Patient demographics, comorbidities, prior interventions, or duration of symptoms should not affect the decision to pursue POP

Figure(s)

	< 1 year	1-3 years	4-10 years	> 10 years	p-value
	n=18	n=19	n=8	n=6	
Symptom Recurrence	5 (31%)	7 (44%)	1 (14%)	2 (33%)	0.58
Recurrence Time (months)	11.2	13	0	6.5	0.77