Pseudoachalasia Diagnosed After Three Fundoplications : *A case report*

Joong-Min Park[1 3], Eunju Lee[2 3], Jong Won Kim[2 3], Hyung-Ho Kim[1 3]

[1]Department of Surgery, Chung-Ang University Gwangmyeong Hospital, Gwangmyeong, Korea
[2]Department of Surgery, Chung-Ang University Hospital, Seoul, Korea
[3]Department of Surgery, Chung-Ang University College of Medicine, Seoul, Korea

Background

Pseudoachalasia, or secondary achalasia, is most commonly associated with malignancy, but it can also result from surgeries involving the gastroesophageal junction. Several cases of pseudoachalasia have been reported following Nissen fundoplication. We present a unique case of pseudoachalasia that developed after an initial Nissen fundoplication, followed by two subsequent redo fundoplications..

Case Presentation

A 30-year-old male initially underwent Nissen fundoplication for GERD. Postoperatively, he developed dysphagia, leading to a redo fundoplication (converted to Toupet) four months later. Despite this, the dysphagia persisted, necessitating another redo fundoplication (converted to Dor) two months after the second procedure. As the symptoms remained unresolved, further evaluation was undertaken.

2022.9.23 Primary Nissen for GERD

2023.1.18 Converted to Toupet

2023.3.22 Converted to Dor

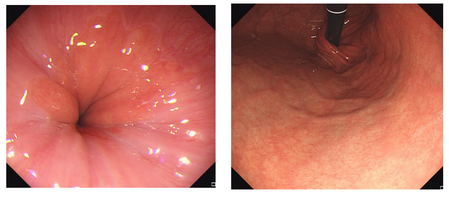
Redo fundoplication after 3 fundoplications
The 3rd Redo

YouTube Joong-Min Park

More redo videos!

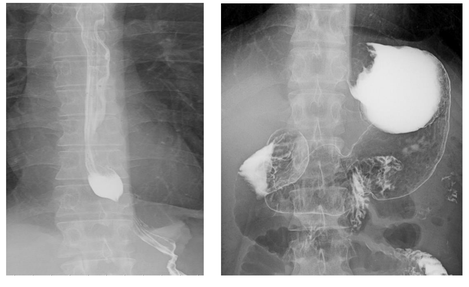
Diagnostic work up's

EGD



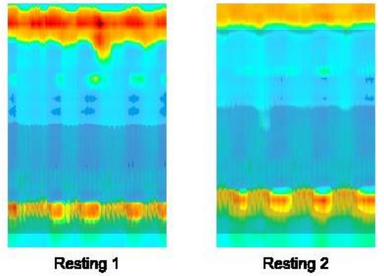
Wrap positon and shape was normal

UGIS



Equivocal passage disturbance

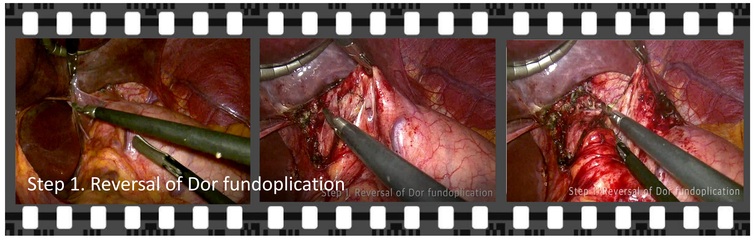
HR manometry

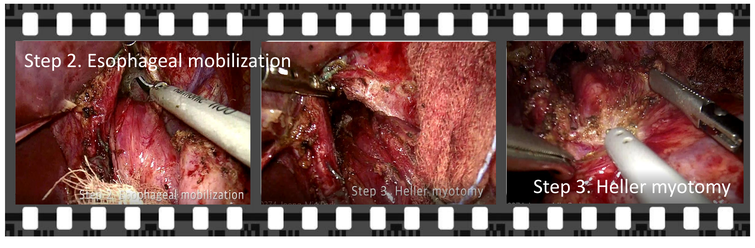


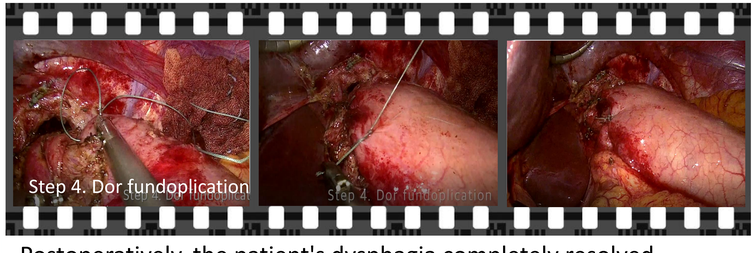
Type 1 achalasia
IRP increased over 15
100% absent esophageal contractility

Findings		
LES		Normal
LESP (mid resp.)	37 mmHg	10 - 45
Total Length	4.0 cm	
Median IRP	19 mmHg	≤ 20
EGJ Morphology	Type I	
Lower Esophageal Body (Liquid: 10 swallows)		
Chicago Classification Metrics		
Normal DCI (450 - 8000)	0.0 %	
Mean DCI	0 mmHg·s·cm	
DCI Ratio	305599.58	> 0.85
*Ineffective	100.0 %	< 50.0
Hypercontractile (DCI > 8000)	0.0 %	< 20.0
Premature (DL < 4.5)	0.0 %	< 20.0
Panesophageal	0.0 %	≤ 0.0
**Pattern Classification	Absent Contractility	
Conventional Metrics		
DEA	16 mmHg	≤ 220
Peristaltic	40.0 %	≥ 80.0
Ineffective	100.0 %	< 50.0
Simultaneous	10.0 %	< 20.0
Retrograde	30.0 %	
Non-Transmitted	0.0 %	< 20.0
* Ineffective includes weak, failed, and fragmented swallows.		
** Pattern Classification does not constitute a diagnosis. It may be invalid if the patient has had prior related surgeries.		
Impedance		
Distal Baseline Impedance	477 ohms	
Complete Transit (Liquid: 10 swallows)	0.0 %	≥ 80.0

Surgical Procedures and Outcome







Postoperatively, the patient's dysphagia completely resolved.

Conclusion

Manometric evaluation is essential in patients with persistent dysphagia after fundoplication.
Redo fundoplication combined with esophagomyotomy can be an effective surgical option for these patients.