University Hospitals

Title: Case Series on Esophagectomy for Patients with Achalasia After Myotomy

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Background

- POEM and Heller myotomy are safe and effective treatments for achalasia.
- A subset of patients may develop worsening dysmotility and severe dysphagia despite these interventions.
- Disease progression can require more invasive treatments, including esophagectomy.
- This case series examines patients from our achalasia database who ultimately underwent esophagectomy.

Methods

- Retrospective analysis of 391 patients.
- Adults that underwent POEM or Heller myotomy for diagnosed achalasia from 2011 to 2023.
- We evaluated surgical outcomes following POEM or Heller Myotomy and the progression to esophagectomy.

Figure(s)

Subject	Sex	Age	Time to Initial Intervention (years)	Type of Intervention	Time to Esophagectomy After Myotomy (years)	Pre-Esophagectomy Manometry	Symptom Improvement
1	M	74	4	Heller	10	Yes	Yes
2	F	61	10	POEM	2	Yes	N/A
3	F	47	3	POEM	0.5	Yes	Yes
4	F	26	4	Heller	15	Yes	Yes
5	M	23	3	POEM	4	Yes	Yes

Results

- 5 patients met inclusion criteria.
- The average patient age was 46.2 years-old (range 23-74). Average time from onset of symptoms to first intervention was 4.8 years. Average amount of time from intervention to symptom recurrence prompting esophagectomy evaluation was 6.3 years.
- Average pre-esophagectomy manometry data includes: LES pressure 11.1, DCI 247, and ineffective motility on 90% of swallows. All patients were without dysphagia at their 1 year follow up and had an average weight gain of 4.9kg.

Conclusions

- 1.3% of patients require esophagectomy for achalasia after myotomy
- Indications for esophagectomy following myotomy include symptom recurrence and manometry data indicating a lower pressure LES and ineffective esophageal peristalsis.

References

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