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Outcomes of Gastric Per-Oral Endoscopic Myotomy (GPOEM) with Medically Refractory Gastroparesis after previous GPOEM: A Case Report

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Background & Objectives

- **Gastroparesis** (GP) can require procedural intervention when medical management fails, with Gastric Per-Oral Endoscopic Myotomy (**GPOEM**) emerging as a treatment option
- Limited data exists on the safety and efficacy of **repeat GPOEM** for patients with symptom recurrence
- We evaluated clinical outcomes of repeat GPOEM procedures for refractory GP at our institution

Methods

- We reviewed patients who underwent repeat GPOEM for refractory GP at our center from **2008-2024**
- Indications for redo: **A:** faced gastric resection and preferred redo GPOEM; **B**: admitted with UGI bleed during planned lap pyloromyotomy, facilitating redo GPOEM; **C**: experienced persistent symptoms after GPOEM, supported by GES
- **Three patients** were identified
- Data collection included demographics, GP etiology, procedures, Gastroparesis Cardinal Symptom Index (**GCSI**), and gastric emptying studies (**GES**)

Results

- GP etiologies were **gastric sarcoidosis** (A), **diabetic** (B), and **idiopathic** (C) (Figure I)
- All patients were on several medications for symptom control preoperatively
- In patients with available data, **GCSI** scores **improved** after both GPOEM procedures
- Two patients ultimately required **supplemental nutritional support** despite initial improvements
- Two patients were **deceased** at time of last follow-up for reasons unrelated to GP

Conclusions

- Repeat GPOEM may provide **initial symptomatic relief** in select patients with refractory GP
- **Long-term outcomes remain variable**, suggesting the progressive nature of GP despite re-intervention
- Larger studies are needed to better identify patients who may benefit from repeat GPOEM procedures

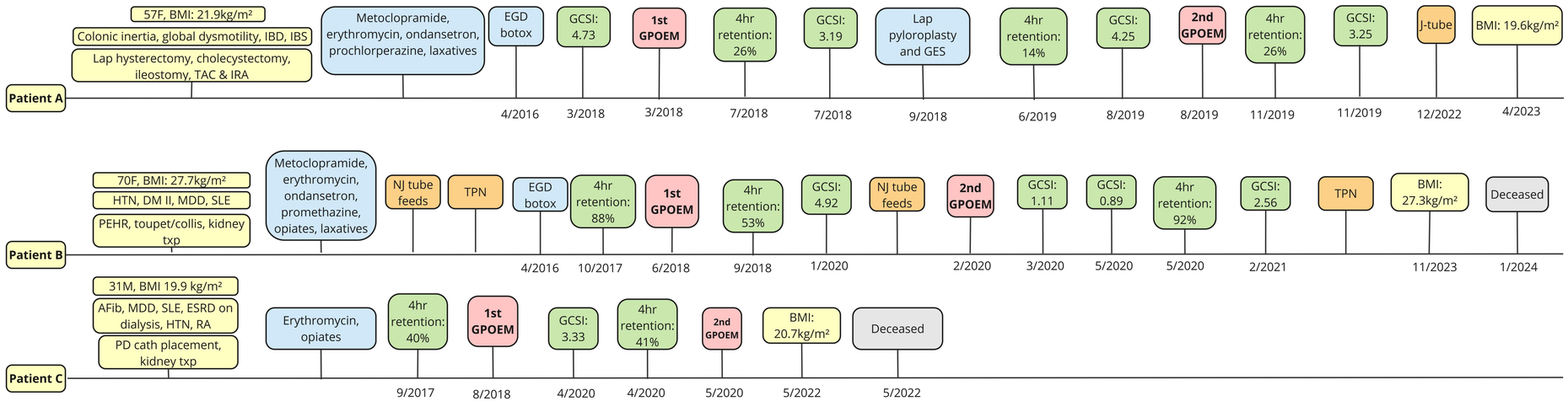


Figure I: Timeline of patients undergoing redo GPOEM