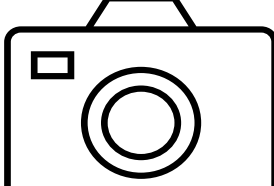
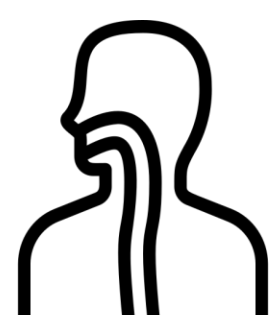
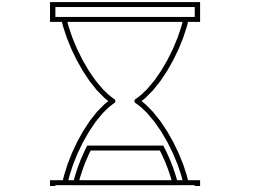
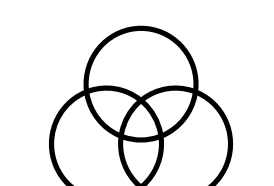


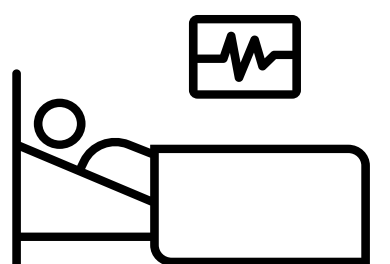
BACKGROUND

-  Achalasia classified as Type I, II, III by High Resolution Manometry¹
-  POEM effective across subtypes.²
-  Long-term durability by subtype unclear.³
-  **Aim: Compare short- and long-term outcomes after POEM stratified by subtype.**

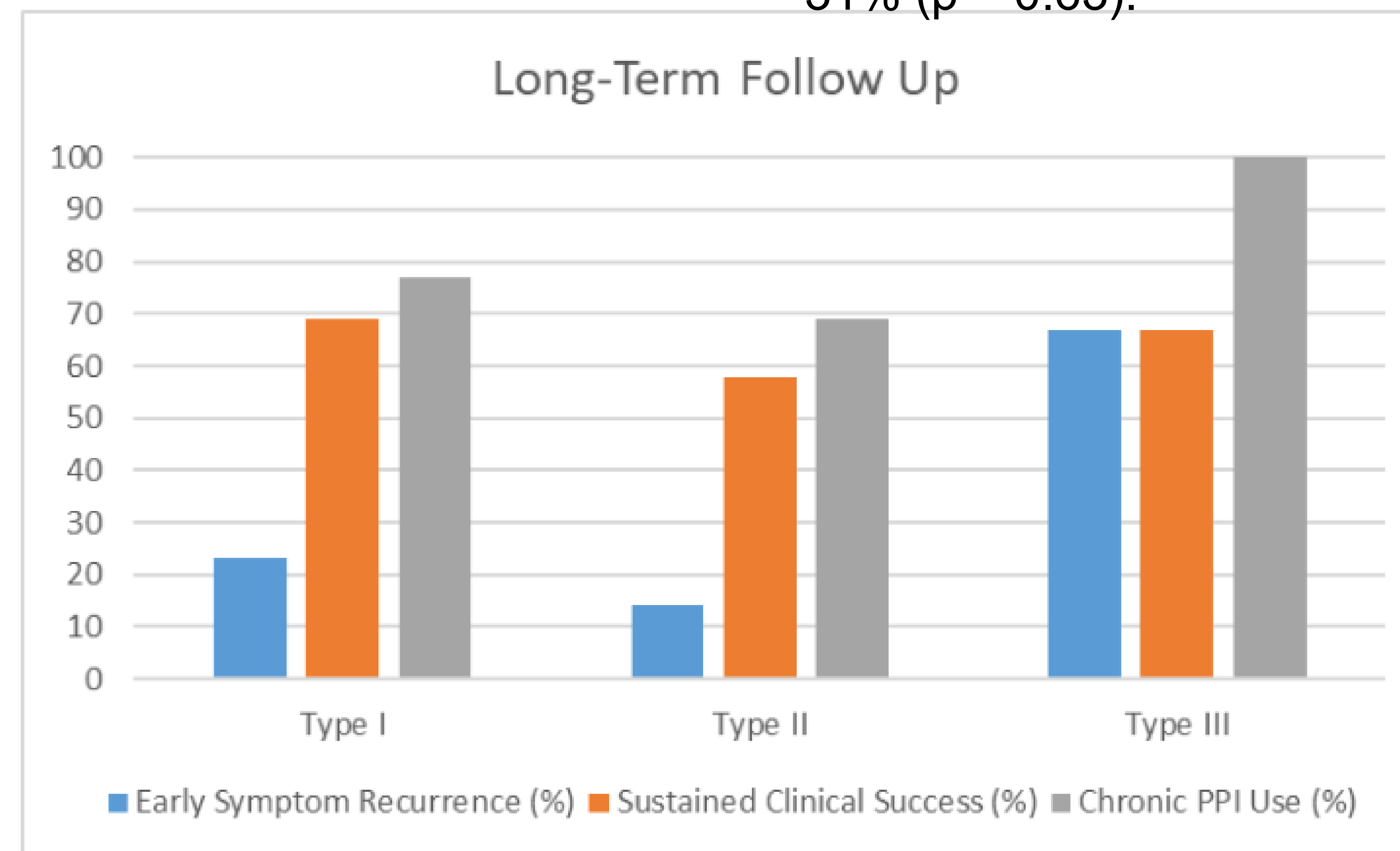
METHODS

- Study Design:** Retrospective Cohort, single tertiary referral center, 2013-2024
- Study Population:** Adults with achalasia undergoing POEM: Short-term N=243 (48 Type I, 154 Type II, 41 Type III); Long-term N=55 (13 Type I, 36 Type II, 6 Type III)
- Outcomes:**
 - Short-Term:** Postoperative Eckardt Scores, Length of Stay, ED visits, 30-day readmissions
 - Long-term:** Eckardt score, early symptom recurrence, GERD burden (GERD-HQRL), chronic PPI use, follow-up testing, reintervention

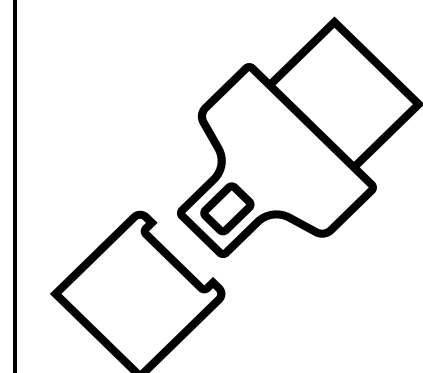
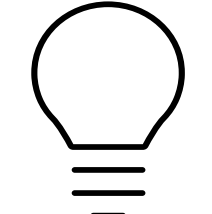
RESULTS

- **Short-Term Outcomes:**
Clinical Success (Eckardt ≤ 3)
 - Type I – 93%
 - Type II – 88.6%
 - Type III – 81.5%
 - p=0.38
- Median LOS: 1-2 days (p = 0.051).
No difference in ED visits
No difference in readmissions
- Long-Term Outcomes:**
Clinical Success (Eckardt ≤ 3)
 - Similar across groups ~62% p = 0.76
Early symptom recurrence (<1 month):
Type I (23%), Type II (14%), Type III (**67%**) (p=0.080)

Reintervention rates were similar at~31% (p = 0.63).



CONCLUSIONS:

-  POEM is safe and effective across achalasia subtypes, yielding Short- and Long-term symptom improvement
-  Type III trended toward worse symptom outcomes and greater reflux-related medication use
-  Larger multicenter studies with longer follow-up are needed to better define subtype-specific durability after POEM, particularly in Type III achalasia.

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