EVALUATING LONG-TERM NEED FOR REINTERVENTION AFTER PERORAL ENDOSCOPIC MYOTOMY

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Introduction

- Per-oral endoscopic myotomy (POEM) has emerged as a standard therapy for achalasia
- Excellent short-term outcomes.
- Long-term durability remains unclear
- **Aim** : investigate the need for reintervention following POEM as a surrogate for long-term durability.

Methods

- Design : Retrospective cohort of adults undergoing POEM (2011–2024) at a tertiary referral center
- Long-term follow-up via structured survey administered through email or telephone.
- Exclusions: deceased, unable to consent, incomplete follow-up data or survey
- Primary outcome: need for reintervention after POEM
- Descriptive statistics and multivariable logistic regression performed

342 eligible

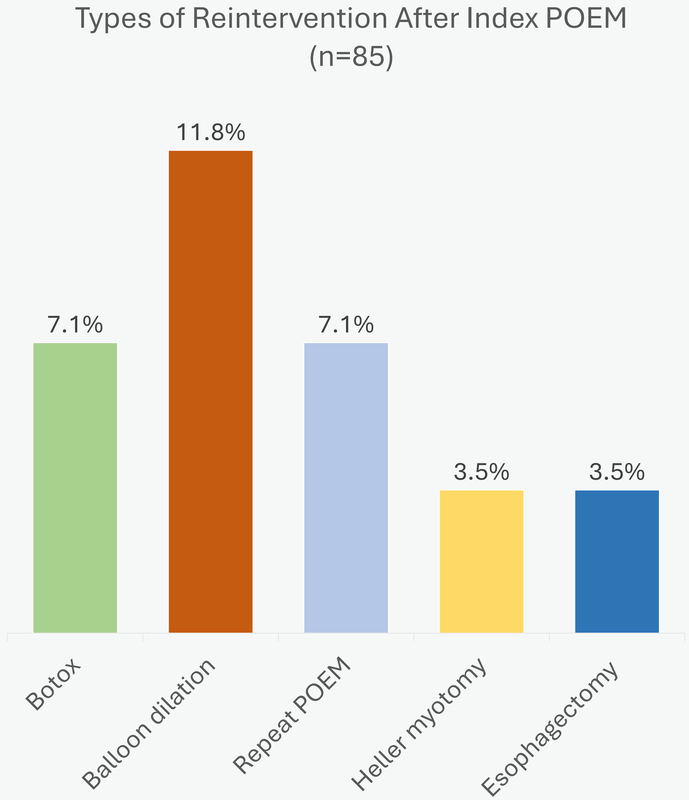
305 contactable

283 responded to outreach

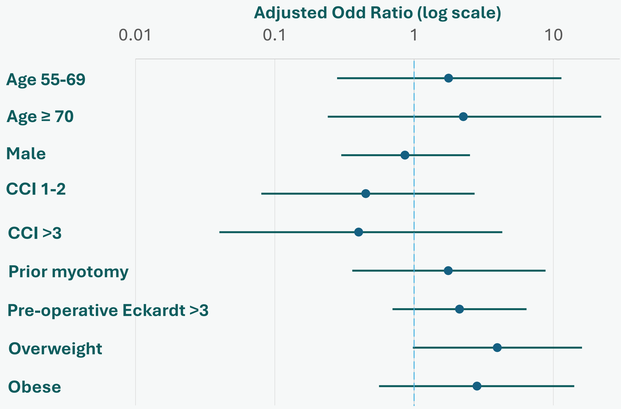
85 completed survey

24.9% completed long-term follow-up survey

30.6 % required reintervention



	No Reintervention N=59	Reintervention N=26	p-value
Sex			0.97
Male	27 (46%)	12 (46%)	
Female	32 (54%)	14 (54%)	
Age, years			0.78
<55	31 (53%)	13 (50%)	
55-69	16 (27%)	6 (23%)	
≥79	12 (20%)	7 (27%)	
BMI median, kg/m²	29 (24 – 33)	30.4 (27 – 34)	0.27
CCI			0.84
0	20 (34%)	9 (35%)	
1-2	17 (29%)	6 (23%)	
≥3	22 (37%)	11 (42%)	
Pre-operative Eckardt score			0.16
>3	31 (53%)	16 (62%)	
≤3	26 (44%)	7 (27%)	
Unknown	2 (3%)	3 (12%)	
Prior Myotomy	5 (9%)	5 (19%)	0.21



No variable independently predicted need for reintervention.

Results

- 26/85 patients (30.6%) required additional procedures
- 19 (22.35%) had 1 reintervention, 3 (3.53%) had 2, 3 (3.53%) had 3, and 1 (1.18%) required 4.
- Endoscopic therapy was most common.
- No significant predictors on multivariable analysis

Conclusion

- Reintervention after POEM is common on long-term follow-up.
- No preoperative factors independently predicted the need for reintervention, highlighting the multifactorial and progressive nature of achalasia.
- Most reinterventions consisted of a single additional endoscopic procedure, though a minority required multiple interventions.

Clinical Implications

- Patients should be counseled pre-POEM about the likelihood of future intervention.
- Long-term follow-up is essential even after initial clinical success.
- Reintervention patterns support an endoscopic-first management strategy.

References.

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