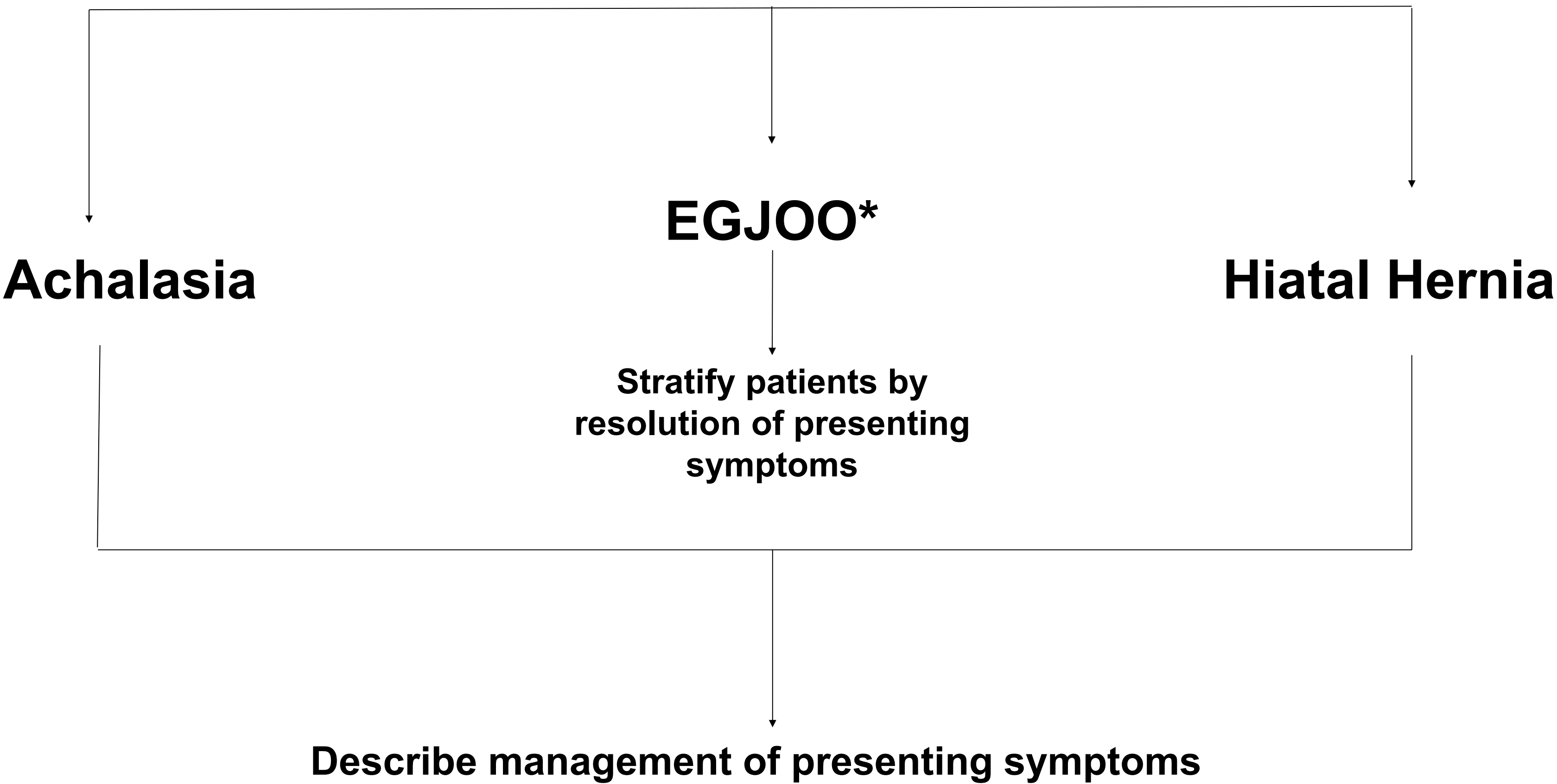


Introduction

- **Esophagogastric Outflow Obstruction (EGJOO) is an uncommon disorder of esophageal motility characterized by elevated integrated relaxation pressure with intact or weak peristalsis**
- **Management of EGJOO is not well described in the current literature unless associated with achalasia or hiatal hernia**
- **Aim: To identify manometric predictors of outcomes of EGJOO management strategies and retrospectively review management strategies.**

Methods

Classify patient charts from Jan 2017 – Oct. 2021 by primary diagnosis



*Initial screening used primary diagnoses from Chicago Classification version 3

Results

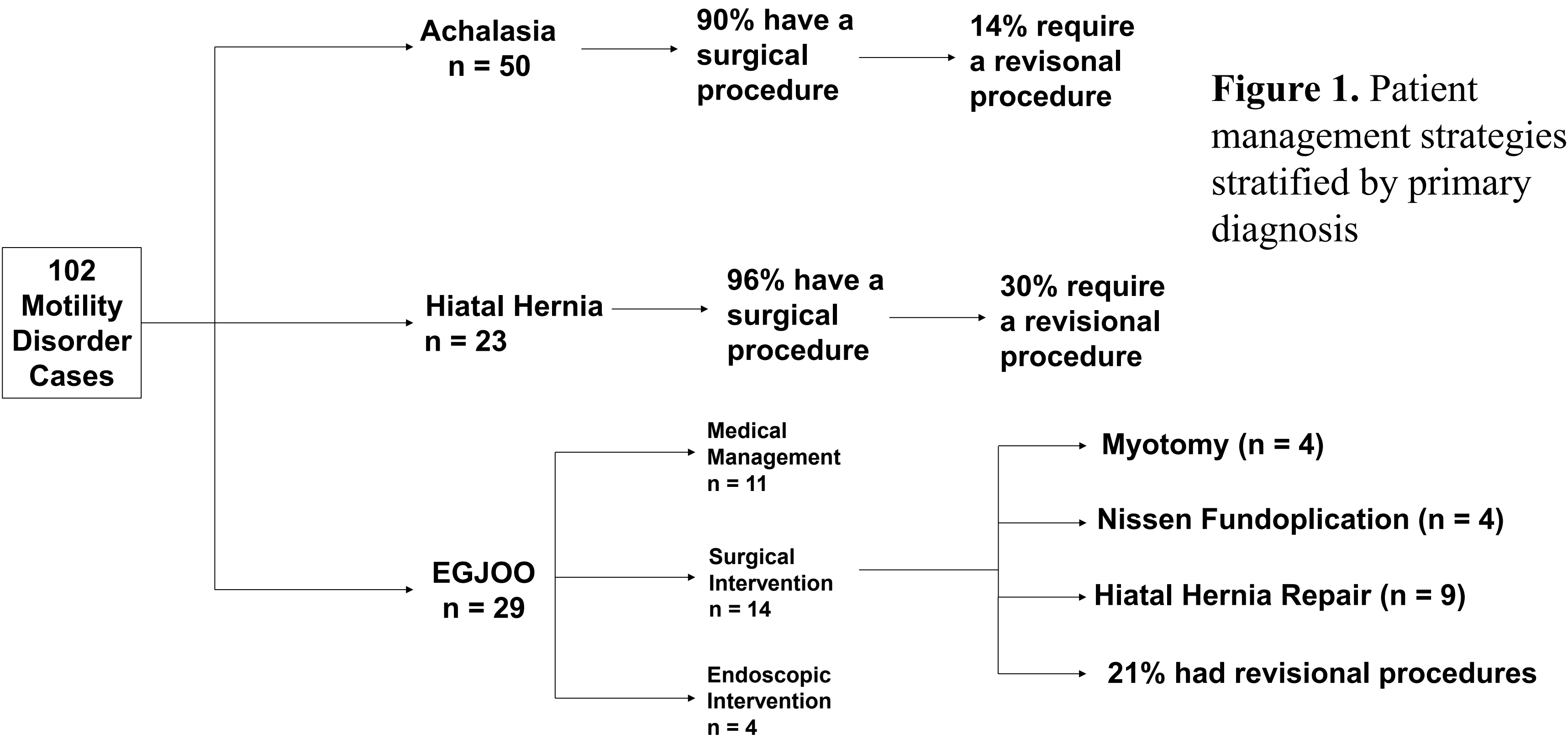


Figure 1. Patient management strategies stratified by primary diagnosis

Highlights

- **Patients who underwent surgical management had similar resolution/improvement rates to endoscopic and medical management**
- **Symptom resolution was achieved at least half the time across presentation, with acid regurgitation being the most responsive symptom**

Symptom Status	Treatment Modality	LESP	Median IRP	DEA
Persistent	Endoscopic	28	7	182
	Medical	31.5	16.3	102.0
	Surgical	9.0	22	82
Resolved/Improved	Endoscopic	27.33	18.00	99.00
	Medical	30.18	14.18	115.36
	Surgical	33.54	19.64	123.29

Table 3. Manometric presentation of patients by modality, intervention severity escalated with increasing LESP and IRP in treatment responsive patients

Conclusion

- **Unassociated EGJOO patients resemble those with primary diagnoses of other motility disorders, and surgical patients see symptom resolution rates similar to those of patients managed medically or endoscopically**
- **More patients in the EGJOO group were treated with hiatal hernia repair than myotomy**
- **Manometric findings do not predict success with any of the intervention strategies.**
- **For this disease, clinical judgement remains the mainstay for successful outcomes**