Natural history of achalasia cardia

Pavani Peddi, Mihir Kulkarni, Emma Wong, Christopher DuCoin

USF Health

INTRODUCTION:

Achalasia although relatively uncommon, it represents one of the most clinically significant motility disorders due to its impact on nutrition, quality of life, and long-term esophageal health.

Patients often experience years of symptoms before a definitive diagnosis, leading to delayed intervention and increased morbidity.

Understanding the natural history of achalasia, including the trajectory of symptoms and the role of various treatment modalities, is critical in optimizing management strategies and preventing disease-related complications.

PURPOSE OF STUDY

Our objective was to investigate the natural progression of achalasia and assess the impact of surgical and non-surgical interventions on disease severity and outcomes.

METHODS

We did a retrospective chart review from January 2023 to December 2024 after approval from Institutional IRB.

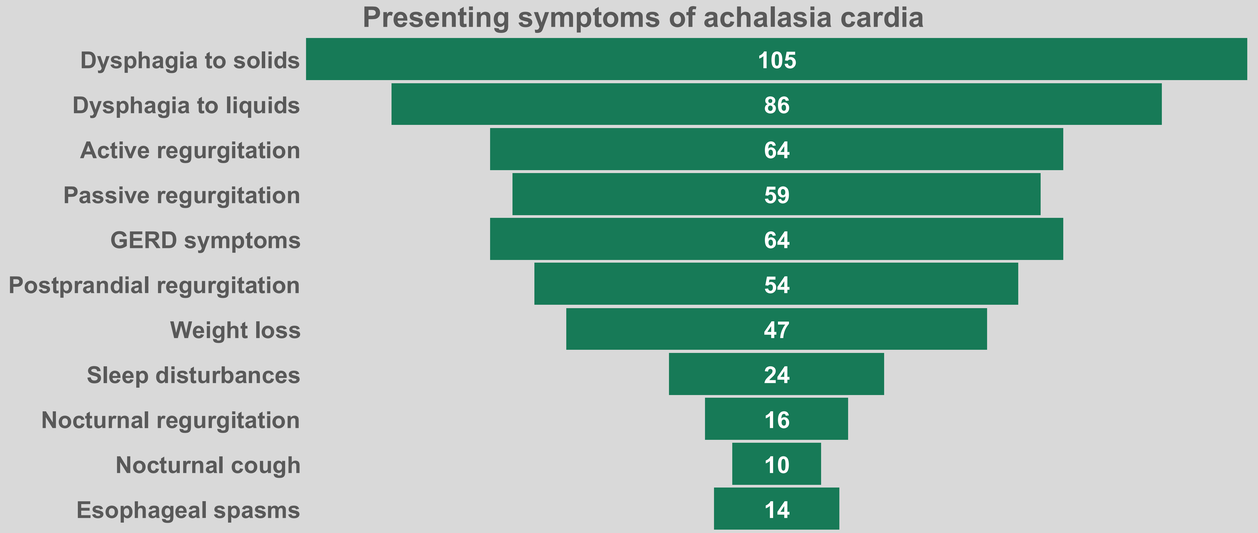
We included all patients more than 18 years of age who underwent surgical management of achalasia cardia.

RESULTS:

Among the 109 patients, 68 were male and 41 were female. The median age at presentation was 70.5 years. Dysphagia to solids was the most prevalent symptom, affecting 105 patients (96.3%).

Dysphagia to liquids was reported by 86 (78.89%) patients, active regurgitation by 64 (58.71%), passive regurgitation by 59 (54.12%), esophageal spasms by 14 (12.8%), and GERD symptoms by 68 (62.38%), weight loss in 47 (3.11%) patients, nocturnal cough in 10 (9.1%) patients.

Botox injections were administered to 31 (28.4%) patients, and pneumatic dilation was performed in 23 (21.1%). Heller myotomy was conducted in 102 (93.5%) patients, esophageal dilation in 35 (32.11%), and 3 patients underwent the POEM procedure.



CONCLUSION:

Achalasia is a chronic, debilitating condition that frequently remains undiagnosed for years, contributing to significant symptom burden and diminished quality of life.

The high prevalence of concomitant GERD underscores the importance of comprehensive preoperative evaluation and long-term management strategies.

Our findings reinforce that Heller myotomy remains the most effective intervention for halting disease progression, providing durable symptom relief and reducing the risk of future esophagectomy.

Given these results, timely recognition and surgical intervention should be considered the gold standard in order to alter the natural history of this disease and improve long-term outcomes.

Timely recognition and surgical intervention should be considered the gold standard in order to alter the natural history of this disease and improve long-term outcomes.