The Emoroid Digest

ACHALASIA

A Visual Summary of ACG Guidelines

Who?

Progressive dysphagia to solids + liquids

GERD unresponsive to acid-suppression

Diagnosis

Endoscopy: foam or puckering of EGJ

Barium esophagogram: retained barium or the classic "bird beak"

High resolution esophageal manometry

Classification

Chicago Classification: informs Tx and prognosis
Achalasia I: aperistalsis + panesophageal pressurization < 30 mm Hg

Achalasia II: aperistalsis + panesophageal pressurization > 30 mm Hg

Achalasia III: spastic contractions

Definitive Treatment

Pneumatic Dilation (PD)

Laparoscopic Heller Myotomy (LHM)

POEM

Symptomatic Treatment

Botulinum Toxin

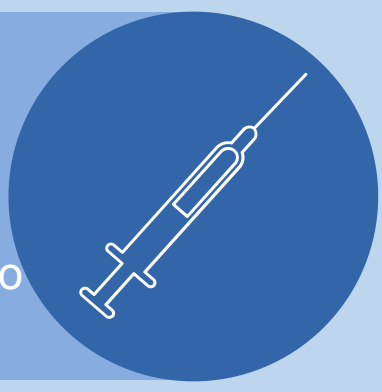
Medications

Tx

Type I and II Achalasia - PD, LHM, or POEM

Type III Achalaisa - POEM

Botulinum toxin for those who cannot undergo PD, LHM, or POEM



Tx

Pharmacotherapy for those who do not qualify or fail the above

Stent placement currently not recommended for long term dysphagia

Consider esophagectomy for megaesophagus if other Tx fails

Follow-up

Routine gastrograffin esophagram after dilation not recommended

Timed barium esophagram is first-line test for continued or recurrent symptoms after definitive therapy

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Summary based on "ACG Clinical Guidelines: Diagnosis and Management of Achalasia" Vaezi, Michael F. MD, PhD, MSc, FACG; Pandolfino, John E. MD, MS, FACG; Yadlapati, Rena H. MD, MHS (GRADE Methodologist); Greer, Katarina B. MD, MS; Kavitt, Robert T. MD, MPH