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Emory Faculty Retroflexions: Management of Achalasia Treatment Failure and Symptom Recurrence

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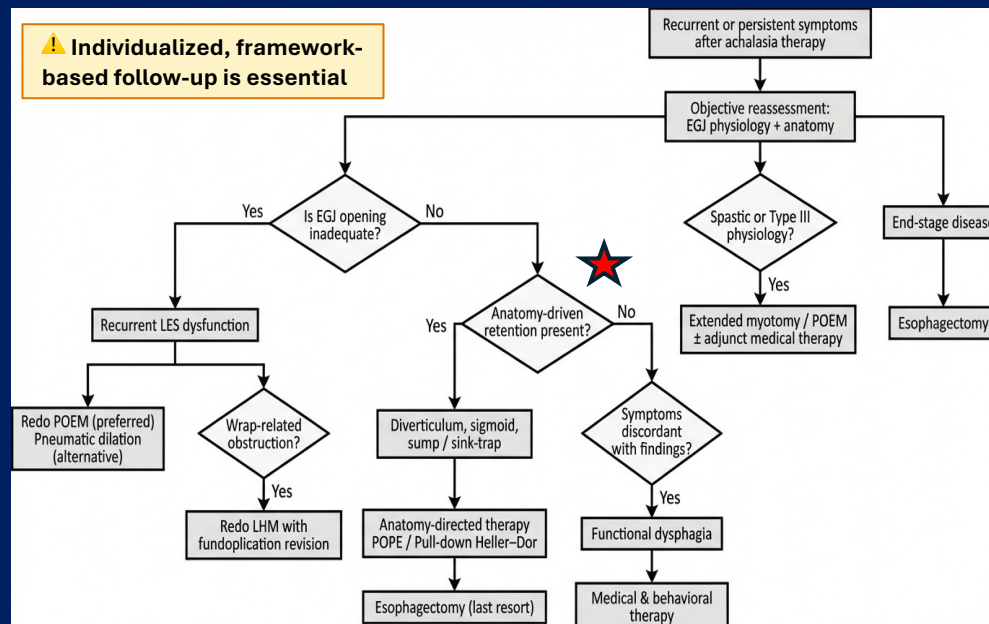
Background

- Achalasia** is a motility disorder with impaired lower esophageal sphincter (LES) relaxation and absent peristalsis
- Current treatment options** are palliative and do not restore peristalsis
- Treatment options** have effective short-term relief, however durability declines over time
 - Symptom recurrence and complication are common

Limitations and Challenges in Long-Term Surveillance

- No gold-standard test:** each modality (TBE, HRM, EndoFLIP, EGD, pH impedance) interrogates a distinct component with its own limitations
- Symptoms:** correlate poorly with physiologic and anatomic findings
- Physiologic Parameters:** DI is the most useful metric for assessing effect on EGJ, however need for re-intervention can be confounded with altered post-intervention anatomy²

⚠ **Individualized, framework-based follow-up is essential**



2023 RCT on POEM vs PD for Recurrent Symptoms after LHM¹

90 patients underwent POEM (n=45) or PD (n=45) after initial LHM

Outcome defined as Eckardt Score < 3

POEM resulted in significantly higher success rate (62.2%) vs. (26.7%)

POEM had increased numerical incidence of reflux esophagitis (however not significant)

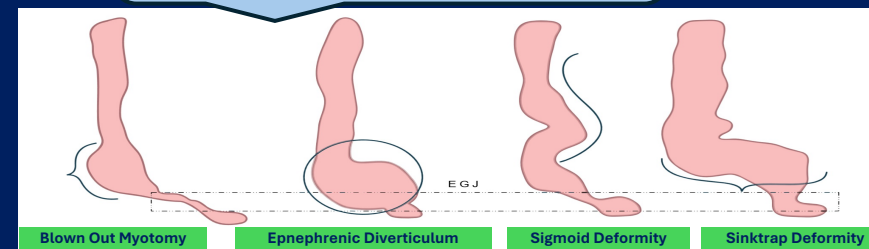
Dr. Jain - Overall, recommend POEM procedure as first line when LES physiology suggests obstruction and anatomy is amenable

Legend

TBE - Timed Barium Esophagram
EGD - Esophagogastroduodenoscopy
HRM - High resolution Manometry
DI - Distensibility Index
EGJ - Esophagogastric Junction



Dr. Jain - Anatomical variants can mimic achalasia recurrence and can result in bolus retention



Treatment Options for Recurrent Achalasia

Peroral Endoscopic Myotomy (POEM)

- Best for:** Recurrent LES obstruction post-LHM; avoids adhesions and altered surgical planes

Pneumatic Dilation (PD)

- Best for:** Recurrent LES obstruction; poor surgical candidates or unfavorable anatomy for repeat myotomy

Redo Laparoscopic Heller Myotomy (LHM)

- Best for:** Fundoplication-related EGJ obstruction; correctable anatomic deformity not addressable endoscopically, reserve for complex anatomy

Adjunctive Medical Management

- Reflux:** PPI for esophagitis or significant acid exposure (especially post-POEM)
- Residual Spasm:** Ca-channel blockers, nitrates, sildenafil (modest benefit)
- Functional Overlap:** Neuromodulators (TCAs/SNRIs), CBT, hypnotherapy

1. Saleh C, Familiari P, Bastiaansen B ... The Efficacy of Peroral Endoscopic Myotomy vs Pneumatic Dilation as Treatment for Patients With Achalasia Suffering From Persistent or Recurrent Symptoms After Laparoscopic Heller Myotomy: A Randomized Clinical Trial. *Gastroenterology*, 2023; 164, 1108-1118.e3; PMID: PMC6682473.
2. Jain AS, Carlson DA, Triggs J, Tye M, Kou W, Campagna R, Hungness E, Kim D, Kahrilas PJ, Pandolfino JE. Esophagogastric Junction Distensibility on Functional Lumen Imaging Probe Topography Predicts Treatment Response in Achalasia-Anatomy Matters! *Am J Gastroenterol*. 2019 Sep;114(9):1455-1463. PMID: 30741739;