A 53-year-old female with a history of hypertension, high cholesterol, diabetes mellitus type II, presents to your clinic with complaints of difficulty swallowing for the past year. She notes more difficulty with solids in the beginning of the year, however over the past month even liquids she experiences difficulty going down. She often experiences a burning sensation in her chest. However, the use of a proton pump inhibitor has not relieved her symptoms. She undergoes a barium esophagram showing a dilated esophagus and narrowed esophagogastric junction. Upper endoscopy is performed demonstrating frothy white liquid in the upper esophagus and narrowed gastro-esophageal junction, however the scope is able to pass through with mild resistance. You decide to perform an esophageal manometry showing: basal lower esophageal sphincter (LES) pressure 5, integrated relaxation pressure (IRP) 23, and zero esophageal body propagating contractile activity in all 10 swallows.

She asks you what treatment options has the highest non-surgical efficacy for what she has.

A. Oral pharmacologic therapies such as calcium channel blockers and/or long-acting nitrates
B. Botulinum toxic (Botox) injection at lower esophageal sphincter
C. Pneumatic dilation
D. Balloon dilation
E. Heller myotomy with Dor fundoplication

Answer: C
Pneumatic dilation has been found the most effective non-surgical management in achalasia.