

Question 27 – Week of May 10

56-year-old woman is evaluated for dysphagia and atypical chest pain. Her upper endoscopy is essentially normal. A barium esophagogram shows non-specific hypermotility but otherwise normal. Manometry showed > 20% of wet swallows with distal esophageal contraction amplitudes >30mmhg with a distal onset velocity > 8 cm/sec. Impedance testing showed that bolus entry occurred at 20cms proximal to the LES and exit points noted at all distal impedance sites (5,10,15cms from LES) in > 80% of saline swallows and >70% of viscous swallows. What is likely the best management option for this patient?

- A. Maloney dilation starting from 50 Fr up to 52 Fr.
- B. Calcium channel blocker therapy.
- C. Botox of the LES.
- D. PPI therapy BID.
- E. Suggest further cardiac evaluation.

Answer: B

This patient has distal esophageal spasm, a relatively uncommon esophageal motility disorder. Atypical chest pain and dysphagia are common clinical manifestations. Manometric criteria for DES are esophageal contractions with sufficient amplitude (>30 mm Hg) but which are non-propulsive or simultaneous (distal onset velocity > 8 cm/sec). Impedance is a new tool in the study of esophageal motor disorders with recent studies suggesting that all people with manometric criteria for DES do not have a functional problem with bolus transit and in fact 50 % have a normal bolus transit (>80% of saline swallows and > 70% of viscous swallows with bolus exit points detected in all distal impedance sites). These patients with normal transit also likely have higher amplitude esophageal contractions; though the clinical implications of these findings have not been elucidated, such patients with normal bolus transit and atypical chest pain may be more likely to respond to calcium channel blockers compared to people with abnormal transit.

References:

1. Spechler, SJ, Castell, DO. Classification of oesophageal motility abnormalities. Gut 2001; 49:145.
2. Tutuian, R, Mainie, I, Agrawal, A, et al. Symptom and function heterogeneity among patients with distal esophageal spasm: studies using combined impedance-manometry. Am J Gastroenterol 2006; 101:464
3. Tutuian, R, Castell, DO. Combined multichannel intraluminal impedance and manometry clarifies esophageal function abnormalities: study in 350 patients. Am J Gastroenterol 2004; 99:1011.