A 60-year-old African American gentleman is referred by his pulmonologist for evaluation and management for several years of reflux and regurgitation not responding to PPI therapy. He endorses daily solid food dysphagia and regurgitation. He denies weight loss or chest pain. His manometry shows the following:

Which of the following is most appropriate:

A. cognitive behavioral therapy and diaphragmatic breathing
B. pneumatic dilation (PD)
C. upper endoscopy with EGJ distensibility measurement (endoFLIP)
D. EUS to evaluate for infiltrative pathology

Answer: B

Rationale: The manometry shows type II achalasia. This subtype has the most favorable response to PD with success rates close to surgical myotomy. CBT would be indicated if a behavioral abnormality was noted such as aerophagia or supragastric belching—not the case. Distensibility measurement would be helpful if the catheter failed to pass to the stomach making IRP (EGJ relaxation) determination impossible or if there was a pattern of absent peristalsis with normal EGJ relaxation (suspicious for achalasia in a patient with dysphagia). EUS would be indicated if the manometry showed EGJ outflow obstruction, not panesophageal pressurization.

References: