A 45 year old healthy male presents with intermittent dysphagia to solid foods. An upper endoscopy is normal and no cause for the dysphagia is found. The patient is referred for an esophageal manometry. The integrated relaxation pressure (IRP) is found to be high, revealing that the esophagogastric junction is insufficiently relaxing. 20% normal peristalsis is found, and a representative swallow:

What is the manometric diagnosis?

A. EGJ outflow obstruction
B. Hypertensive peristalsis
C. Type II achalasia
D. Type III achalasia
E. Distal esophageal spasm

Answer: A

Esophagogastric junction (EGJ) outflow obstruction is considered a separate motility disorder defined by a high IRP showing incomplete relaxation of the EGJ, as well as some normal peristalsis (and thus not meeting criteria for achalasia).
**References:**
