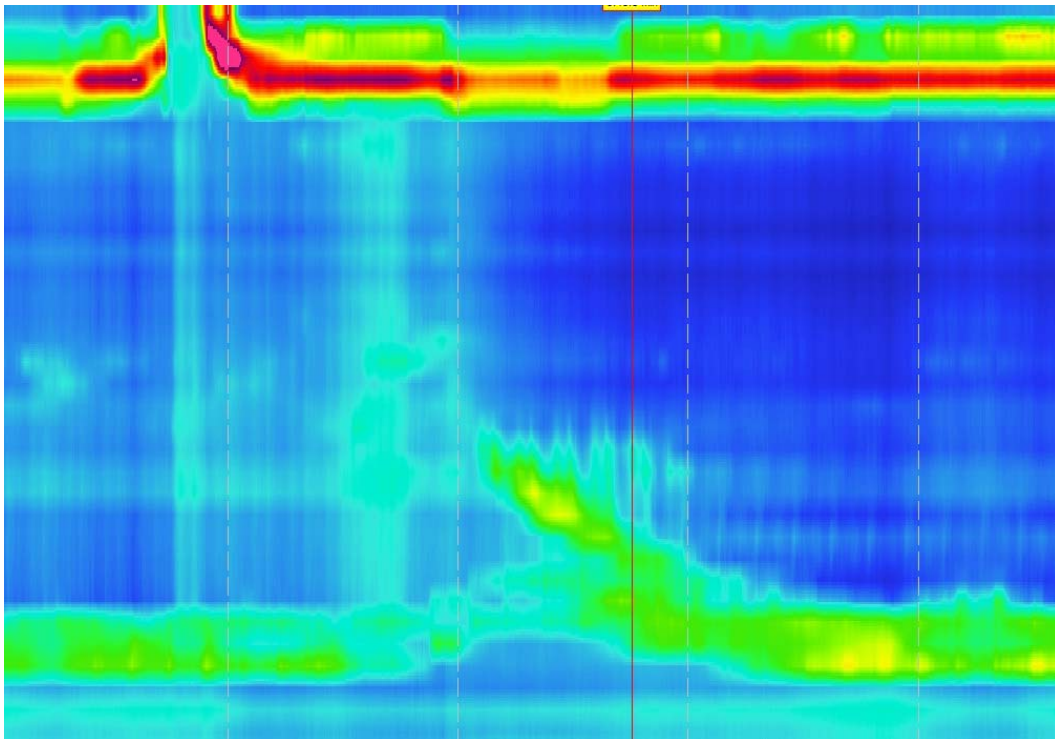


Question 15 – November 7

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:

Chicago classification criteria of esophageal motility disorders defined in high resolution esophageal pressure topography. Bredenoord AJ, Fox M, Kahrilas PJ, Pandolfino JE, Schwizer W, Smout AJ; International High Resolution Manometry Working Group. *Neurogastroenterol Motil.* 2012 Mar;24 Suppl 1:57-65.

The Chicago Classification of esophageal motility disorders, v3.0. Kahrilas PJ, Bredenoord AJ, Fox M, Gyawali CP, Roman S, Smout AJ, Pandolfino JE; International High Resolution Manometry Working Group. *Neurogastroenterol Motil.* 2015 Feb;27(2):160-74.