

Question 4 – August 28

A 42 year old male presents with progressive dysphagia to solids and liquids. An upper endoscopy, barium esophagram, and esophageal high-resolution manometry exam are all consistent with a diagnosis of Type II achalasia. He has no medical problems, and is on no medications. He does not want a short-term treatment option. Of these options, which treatment can be offered based on ACG guidelines and quality evidence?

- A. Pneumatic dilation
- B. Peroral endoscopic myotomy
- C. Pharmacologic therapy
- D. Botulinum toxin injection

Answer: A

While peroral endoscopic myotomy is a promising new potential definitive therapy for achalasia, randomized controlled trials have not been done to compare it to the more established treatments of pneumatic dilation and laparoscopic surgical myotomy with partial fundoplication. The ACG 2013 guidelines still suggest that the latter two should be offered: “Either graded pneumatic dilation (PD) or laparoscopic surgical myotomy with a partial fundoplication are recommended as initial therapy for the treatment of achalasia in those fit and willing to undergo surgery (strong recommendation, moderate-quality evidence).”

References

ACG clinical guideline: diagnosis and management of achalasia. Vaezi MF, Pandolfino JE, Vela MF.

Am J Gastroenterol. 2013 Aug;108(8):1238-49.