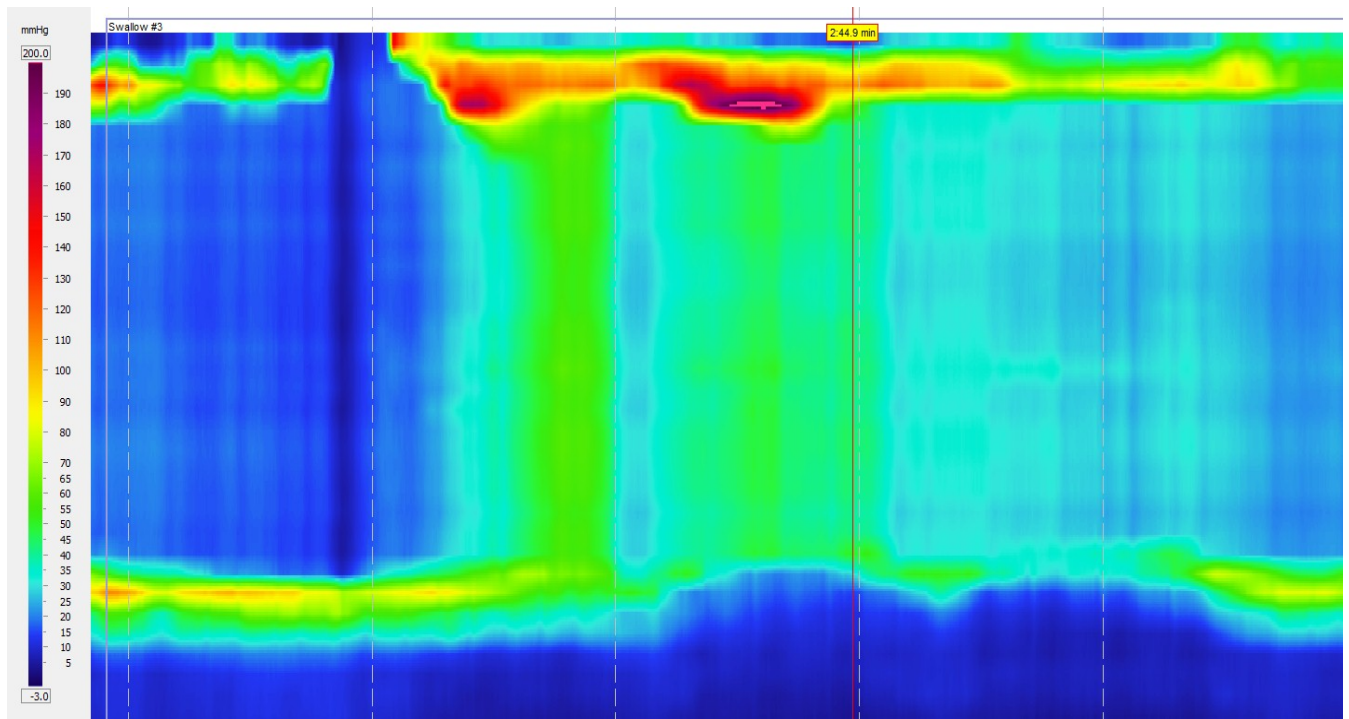


### Question 1 – August 1

A 30 year old healthy female presents with progressive dysphagia to solids and liquids. A barium esophagram suggests achalasia, and an endoscopy shows a 'tight' esophagogastric junction and no mass on retroflexion in the stomach. A manometry is performed, which shows insufficient relaxation of the esophagogastric junction (EGJ) with an integrated relaxation pressure (IRP) that is high, and 100% failed peristalsis.

Six of the ten swallows show 'panesophageal pressurization' as in this high resolution manometry tracing:



What is the diagnosis?

- A. Type I achalasia
- B. Type II achalasia
- C. Type III achalasia
- D. EGJ outflow obstruction
- E. None of the above

**Answer: B**

For patients with achalasia and >20% of swallows showing panesophageal pressurization, this is the criteria for type II 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.