

Question 17 – December 28

A 40 year old otherwise healthy male patient presents with progressive dysphagia. An endoscopy and esophageal manometry confirm type I achalasia. The patient asks about treatment options, and is told that pneumatic dilation (PD) and laparoscopic Heller myotomy (LHM) are not available treatment options at the local hospital. The patient is offered upper endoscopy with botulinum toxin therapy. Which of the following is true?

- A. Pharmacologic therapy for achalasia is recommended over botulinum toxin therapy.
- B. Botulinum toxin therapy may increase the difficulty in subsequent surgical myotomy.
- C. Botulinum toxin therapy is considered a definitive treatment option in patients with achalasia.
- D. Botulinum toxin therapy acts by decreasing the inhibitory innervation of the lower esophageal sphincter.

Answer: B

Botulinum toxin therapy is recommended in patients who are not good candidates for more definitive therapy with PD or LHM. It acts by blocking the unopposed cholinergic (or excitatory) stimulation of the lower esophageal sphincter. Botulinum toxin therapy may increase the difficulty of a subsequent surgical myotomy and is associated with a higher rate of complications.

Reference:

ACG clinical guideline: diagnosis and management of achalasia. Vaezi MF, Pandolfino JE, Vela MF. Am J Gastroenterol. 2013 Aug;108(8):1238-49.