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The standard surgical treatment for achalasia is a myotomy, frequently performed with a laparoscopic approach in combination with a partial fundoplication. Surgical myotomy has been shown to have good to excellent results during long-term follow-up studies. In addition, to surgical myotomy, other more established endoscopic methods for treatment, include balloon dilation for achalasia and Botox injection for the treatment of achalasia. While balloon dilation was typically used as the first treatment for achalasia, in the era of minimally invasive surgery, minimally invasive surgical myotomy has become the initial standard treatment for achalasia.

More recently an interest in natural orifice transluminal endoscopic surgery (NOTES) has developed, and this had led an attempt to perform myotomy with an endoscopic approach.
Peroral endoscopic myotomy (POEM) is a new endoscopic technique to perform myotomy. A porcine model of POEM was described by Pasricha et al. In 2010, Inoue described his results in 17 patients who were treated with POEM for achalasia. In this series, an initial submucosal tunnel was created and subsequent myotomy of the circular muscle of the esophagus and stomach was performed. The authors reported that the dysphagia score decreased from 10 to 1.3, and the LES pressure decreased from 52 mm to 19.9 mm Hg. They state that during a short mean follow-up of 5 months, one patient developed reflux esophagitis. The authors concluded that short term results were excellent and that long term efficacy studies are needed.

In this talk we will discuss:

a) Background and Management of Achalasia

b) Technique of Peroral endoscopic Myotomy

c) Results of Peroral endoscopic Myotomy

d) Limitations of Peroral endoscopic Myotomy
References


