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Hypertensive panesophageal pressurization in type II achalasia

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Dear Editor,

Hypertonia of the esophago-gastric junction (EGJ) and the presence of panesophageal pressurization are diagnostic of type II achalasia during the assessment of the esophageal motility by high-resolution manometry (HRM) (1). Peroral endoscopic esophageal myotomy (POEM) and surgical myotomy appear to be associated with a good clinical response (2) and partial recovery of the esophageal peristalsis (3).

Case report

A 34-year-old female smoker, with no relevant medical history presented to our unit with progressive dysphagia and 14 kg weight loss. Esophagogastroscopy showed a discrete esophageal dilation and slight hypertonia of the UEG. HRM revealed hypertonia of the EGJ (EGJ-CI 46 mmHg.cm: median IRP4s 34 mmHg) and hypertensive panesophageal pressurization in all ten swallows. The pressure of the esophageal body during swallowing was extremely high, up to 100 mmHg (Fig. 1A).

The diagnosis of type II achalasia was established according to the Chicago classification (Eckardt score 10) (1). A POEM was performed with an 8 cm longitudinal myotomy. After treatment, the patient presented a complete resolution of the symptoms (Eckardt score 1). After six months, a control HRM was performed which showed the normalization of the EGJ pressure (EGJ-CI of 9 mmHg-median IRP4s 4

mmHg) (4). Likewise, a peristaltic esophageal wave with a normal morphology and very low intensity replaced the hypertensive panesophageal pressurizations observed in the first HRM (Fig. 1B).

Discussion

Type II achalasia is usually characterized by a short duration and low intensity panesophageal pressurization. Until now, the presence of hypertensive panesophageal pressurization in type II achalasia was described in only one case report (5). In this case report, the clinical and manometric response to the POEM suggested that the presence of hypertensive panesophageal pressurizations should not influence the therapeutic decisions.

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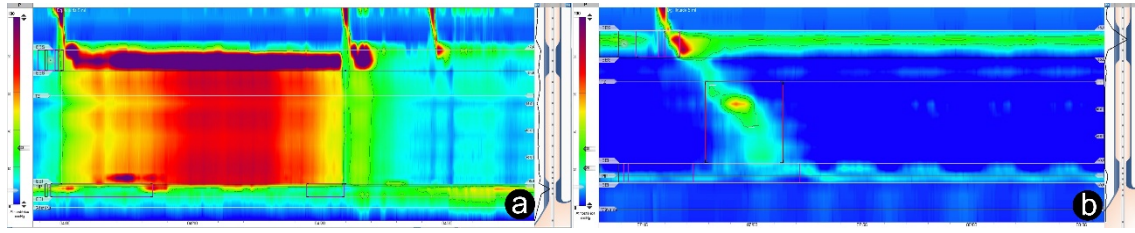


Fig. 1. A. High-resolution esophageal manometry shows a high intensity panesophageal pressurization and a lack of relaxation of the UEG. B. High-resolution esophageal manometry after POEM demonstrates the disappearance of the high panesophageal pressurizations and the partial recovery of esophageal motility.