



ADVANCING GI PATIENT CARE 2022

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APRIL 23–24, 2022
SOUTHLAKE, TEXAS



This activity is supported by an educational grant from Ferring Pharmaceuticals Inc., Janssen Biotech, Inc., administered by Janssen Scientific Affairs, LLC, Madrigal Pharmaceuticals, Merck & Co., Inc., Phathom Pharmaceuticals Inc. and Takeda Pharmaceuticals U.S.A., Inc.





ACHALASIA

Evaluation and Management

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Disclosures



- **Consulting:** Bayer, Diversatek, Ironwood, IsoThrive, Phathom, Sanofi
- **Patent:** Vanderbilt co-owns patent on MI-Diversatek

CME

ACG Clinical Guideline: Diagnosis and Management of Achalasia

Michael F. Vaezi, MD, PhD, MSc, FACP¹, John E. Pandolfino, MD, MSCI² and Marcelo F. Vela, MD, MSCR³

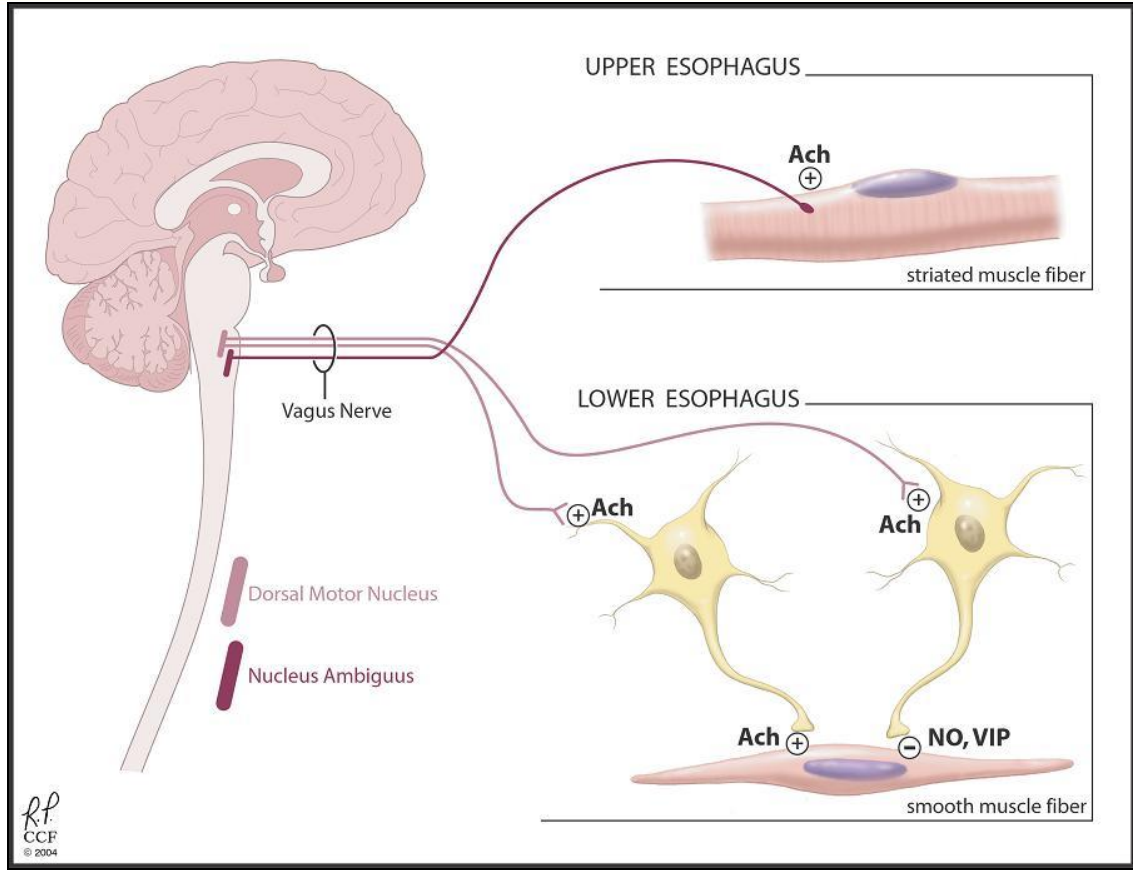
Achalasia is a primary motor disorder of the esophagus characterized by insufficient lower esophageal sphincter relaxation and loss of esophageal peristalsis. This results in patients' complaints of dysphagia to solids and liquids, regurgitation, and occasional chest pain with or without weight loss. Endoscopic finding of retained saliva with puckered gastroesophageal junction or barium swallow showing dilated esophagus with birds beaking in a symptomatic patient should prompt appropriate diagnostic and therapeutic strategies. In this ACG guideline the authors present an evidence-based approach in patients with achalasia based on a comprehensive review of the pertinent evidence and examination of relevant published data.

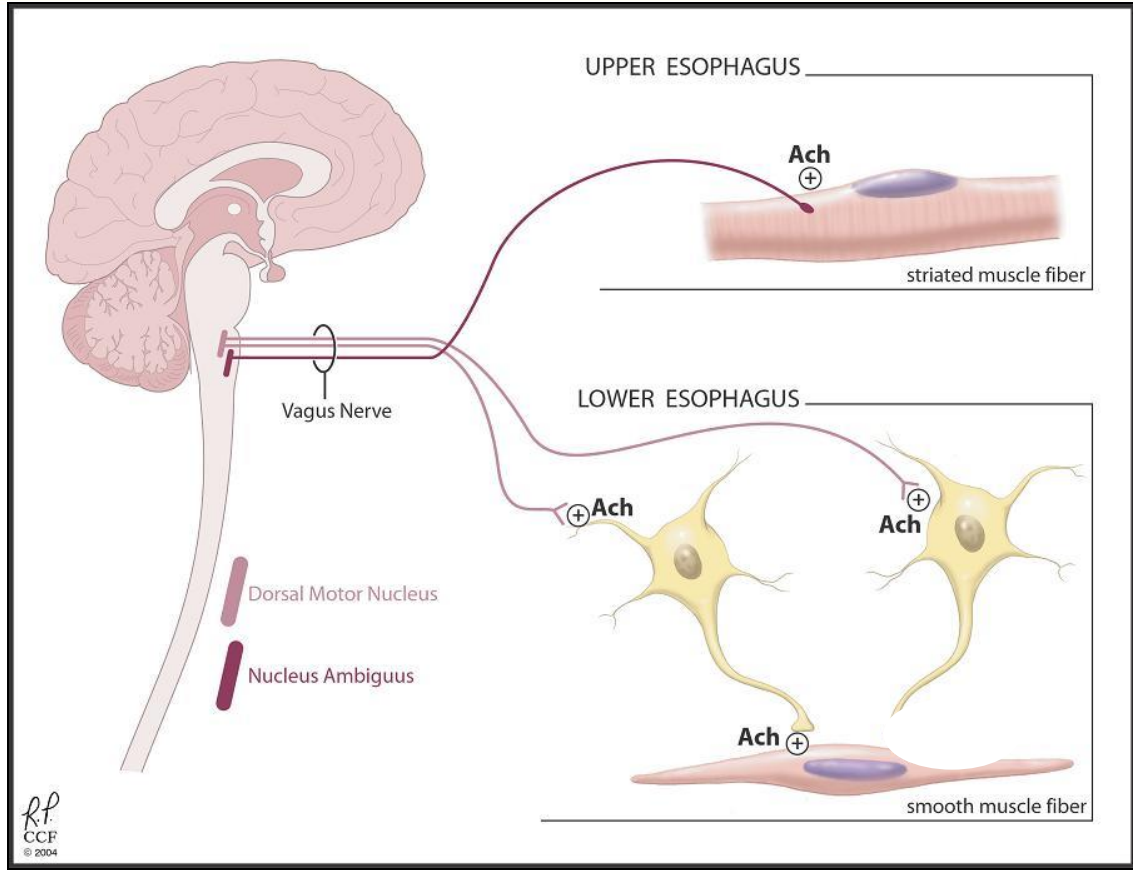


ACG Clinical Guidelines: Diagnosis and Management of Achalasia

Michael F. Vaezi, MD, PhD, MSc, FACP¹, John E. Pandolfino, MD, MS, FACP², Rena H. Yadlapati, MD, MHS (GRADE Methodologist)³, Katarina B. Greer, MD, MS⁴ and Robert T. Kavitt, MD, MPH⁵

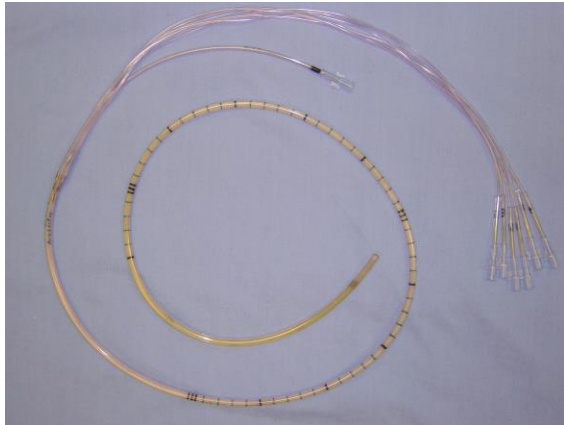
Achalasia is an esophageal motility disorder characterized by aberrant peristalsis and insufficient relaxation of the lower esophageal sphincter. Patients most commonly present with dysphagia to solids and liquids, regurgitation, and occasional chest pain with or without weight loss. High-resolution manometry has identified 3 subtypes of achalasia distinguished by pressurization and contraction patterns. Endoscopic findings of retained saliva with puckering of the gastroesophageal junction or esophagram findings of a dilated esophagus with bird beaking are important diagnostic clues. In this American College of Gastroenterology guideline, we used the Grading of Recommendations Assessment, Development and Evaluation process to provide clinical guidance on how best to diagnose and treat patients with achalasia.



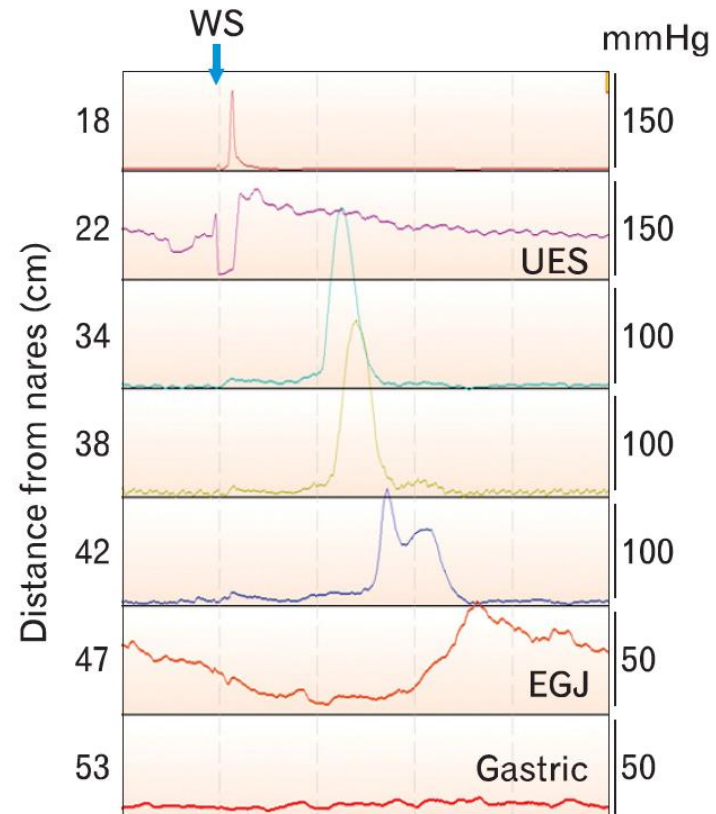


Manometry

Conventional



5-8 sensors
(3 to 5cm apart)



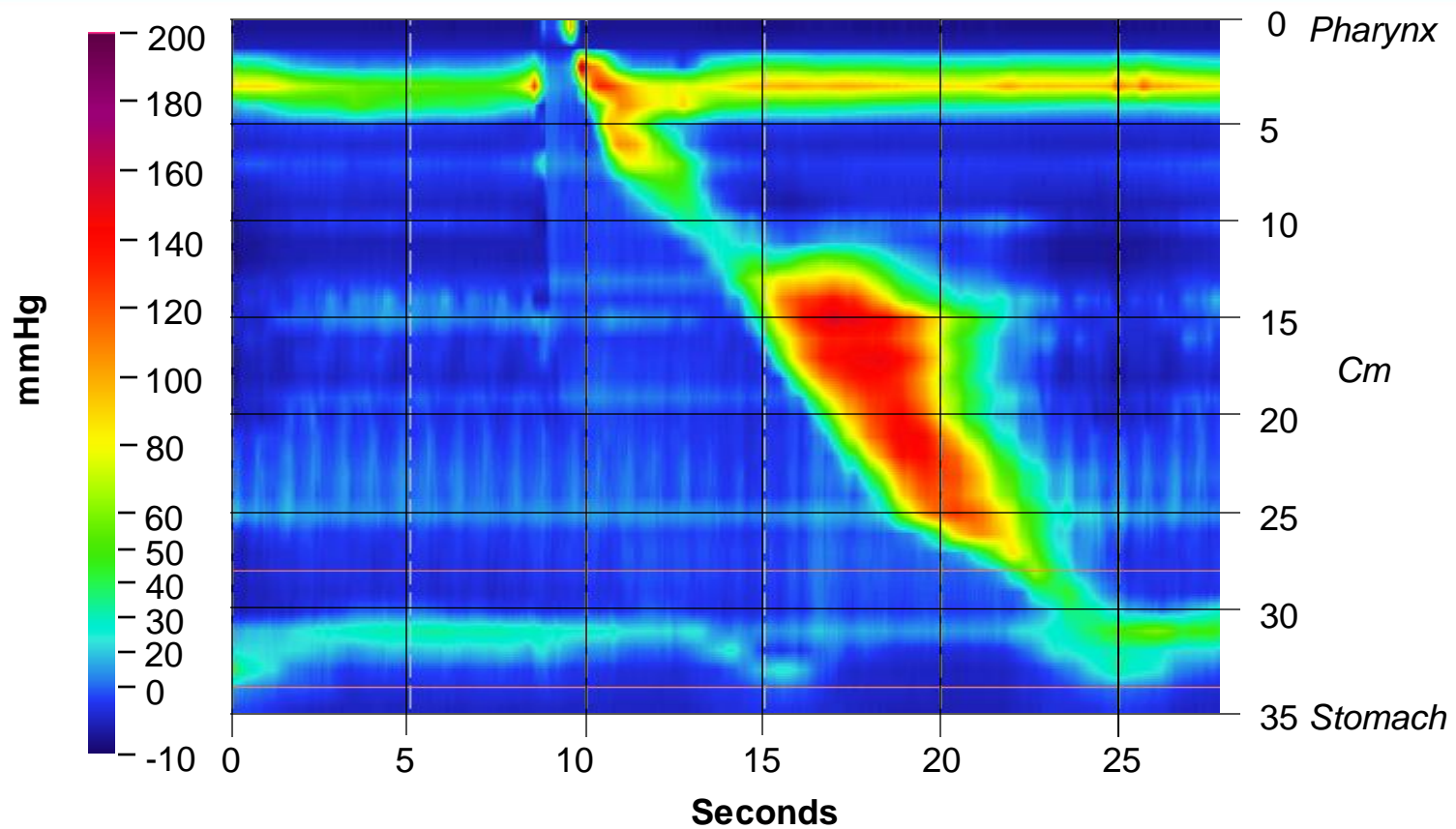
HRM

36 Sensors

Each sensor has 12 pressure sensitive segments

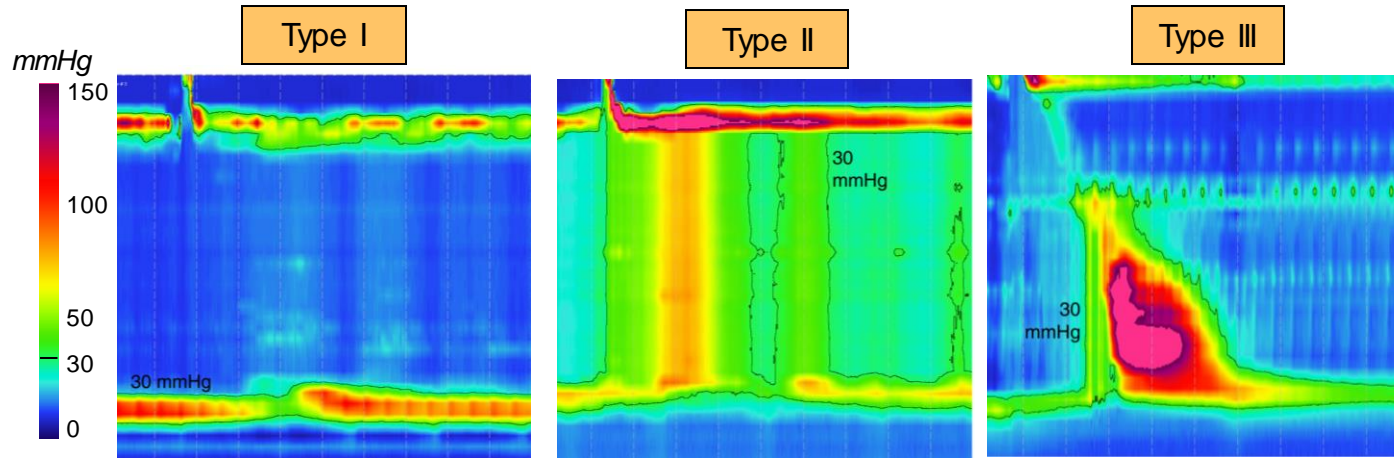


Normal



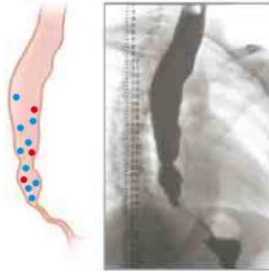
Clinical Evolution of Achalasia

Assessing clinically relevant phenotypes

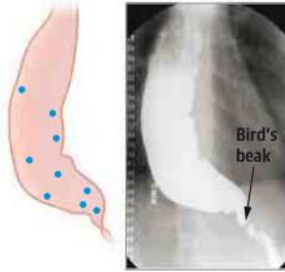


- Type I achalasia is associated with absent peristalsis and minimal esophageal body pressurization
- Type II achalasia is associated with pan-esophageal pressurization related to a compression effect
- Type III achalasia has evidence of abnormal contractility (spastic)

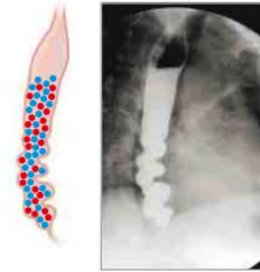
B Type II achalasia
Impaired LES relaxation
Absent peristalsis
Increased pan-esophageal pressure



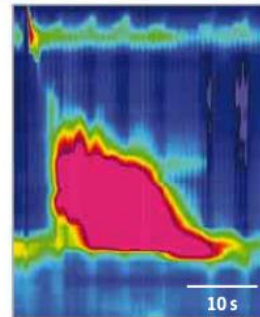
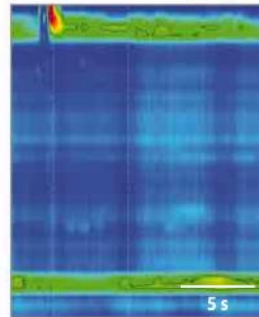
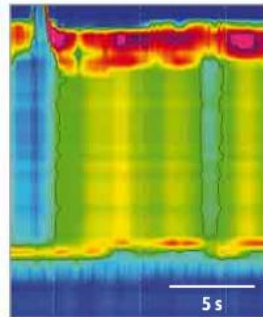
C Type I achalasia
Impaired LES relaxation
Absent peristalsis
Normal esophageal pressure



D Type III achalasia
Impaired LES relaxation
Absent peristalsis
Distal esophageal spastic contractions



Color pressure scale, mm Hg



Presentation

GERD



Dysphagia – (82-100%)

- Solids / liquids



Regurgitation – (56-97%)

- Undigested food / saliva
- Recumbent

• Weight loss – (30-91%)

• Chest pain – (17-95%)

• Heartburn / cough – (15-45%)

Most Common Presentation



- A 25 year old male presents with:
 - HB and regurgitation for yrs
 - Sx's worse post prandially
 - No dysphagia/chest pain/wt loss
 - Previously diagnosed with GERD
 - Treated with twice daily PPI's with no help

History, History, History....



- A 65 year old female presents with:
 - Dysphagia to solids and liquids for 2-yrs.
 - Associated regurgitation
 - h/o lapband surg. 5 yrs ago
 - wt loss of 140 pounds

Case Study #3



Is It Achalasia?



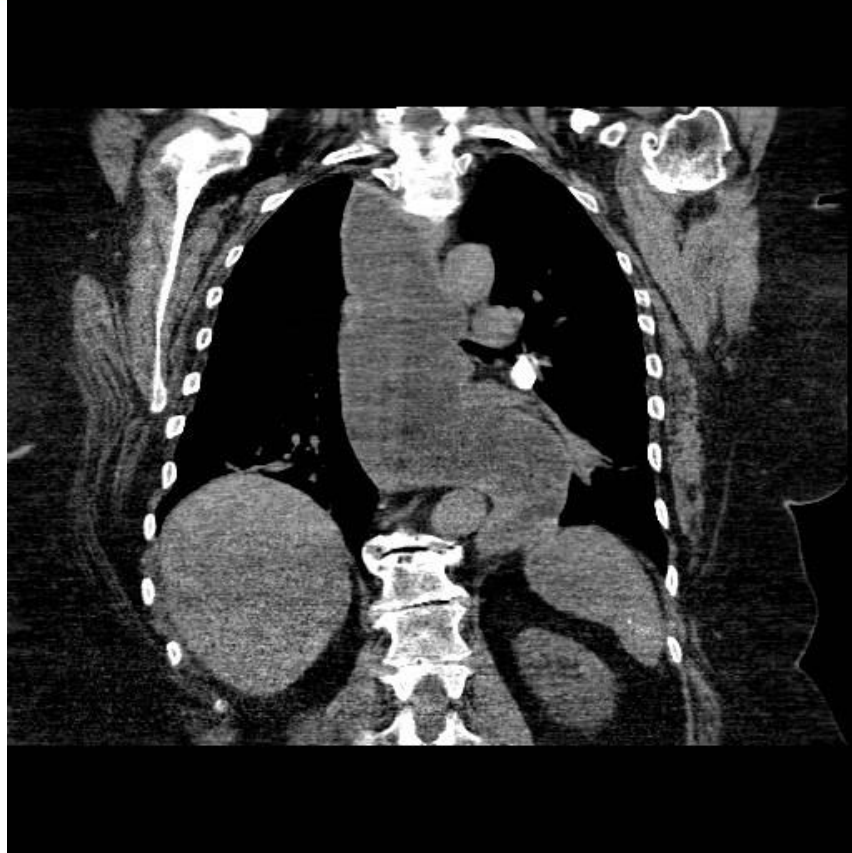
- A 62 year old male presents with:
 - Dysphagia to solids and liquids for 3wks.
 - Associated regurgitation
 - Bariums swallow- ?achalasia
 - wt loss of 24 pounds in the past 2 months

Achalasia

Diagnosis

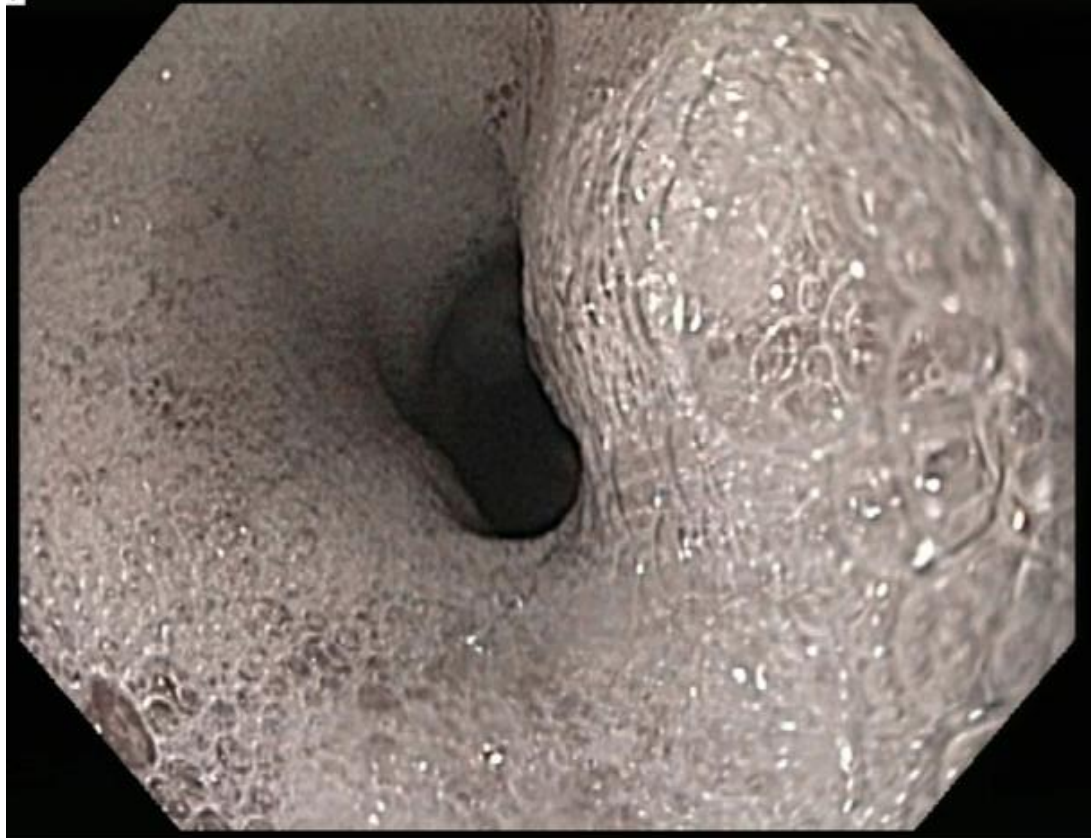
- History
- Manometry
- Barium esophagram
- Endoscopy
- CXR/CT Chest







1







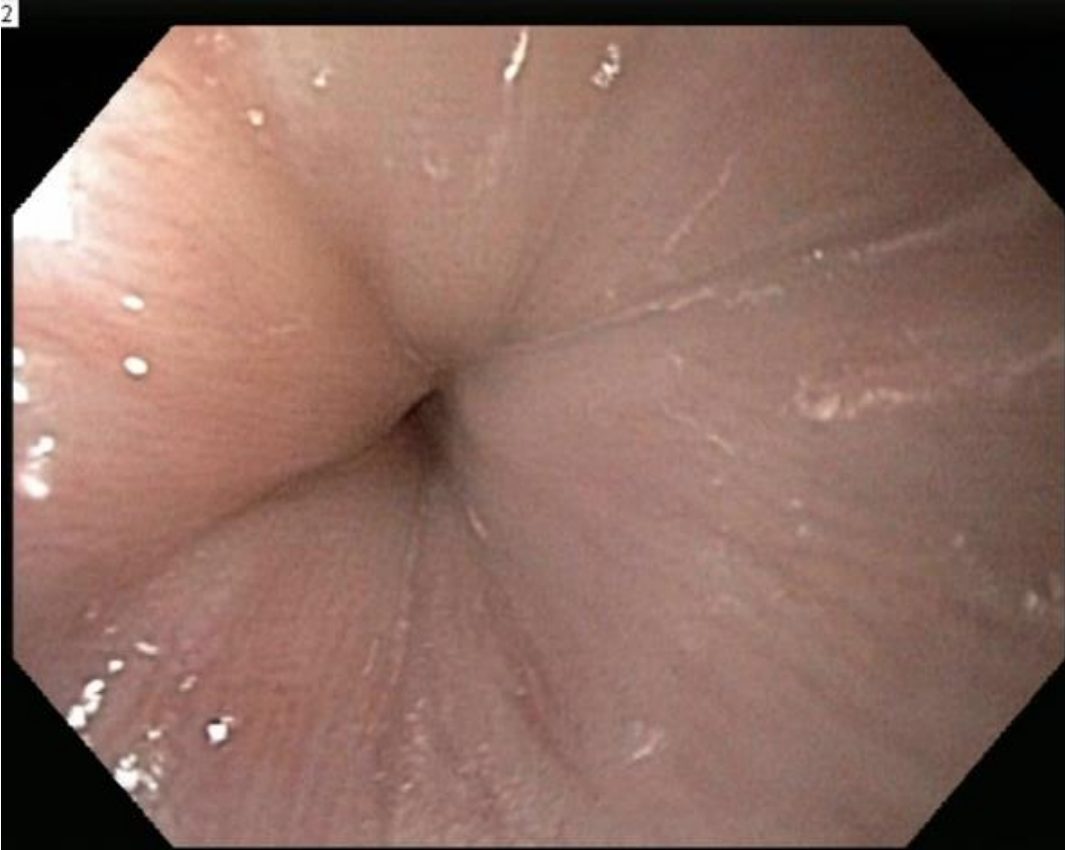
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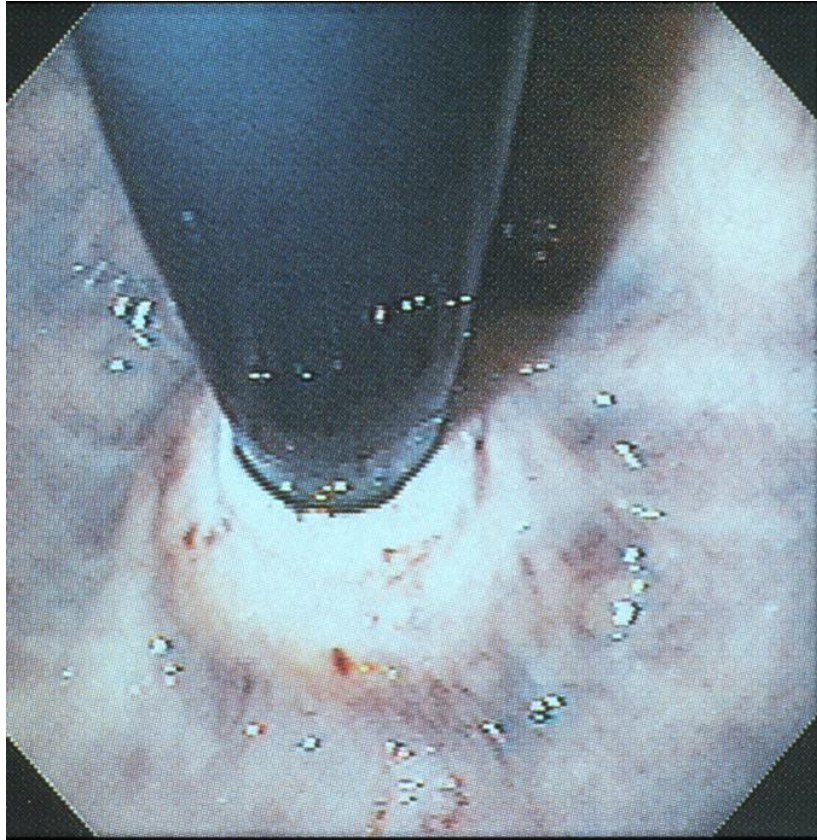


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2







Treatment

- No cure
- Aperistalsis / LES dysfunction
 - None reversible
- All treatments lower LES pressure
 - Alleviating obstruction
 - Facilitating emptying

Treatment Options in Achalasia

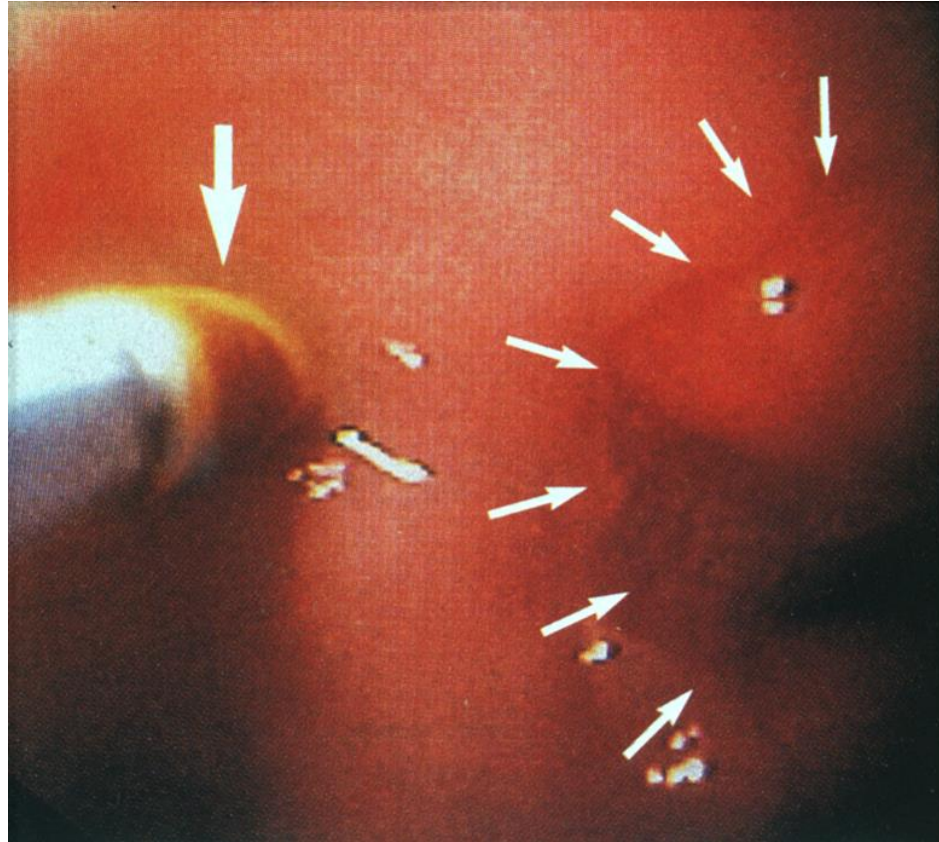
A background image of a city skyline at night with illuminated skyscrapers. The top right corner features a diagonal orange and yellow graphic element.

- Medications
- Botulinum toxin
- Pneumatic dilation
- Surgical myotomy
- POEM

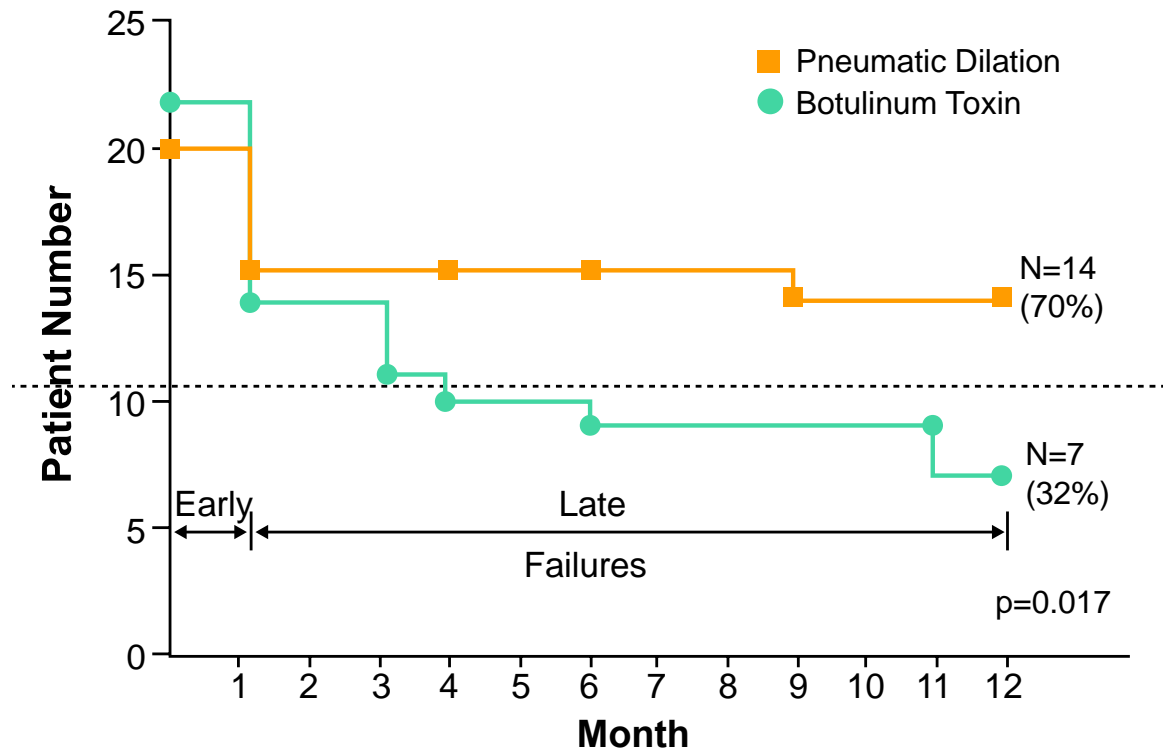
Botulinum Toxin

Inhibitor of Ach release
SNAP-25 protein





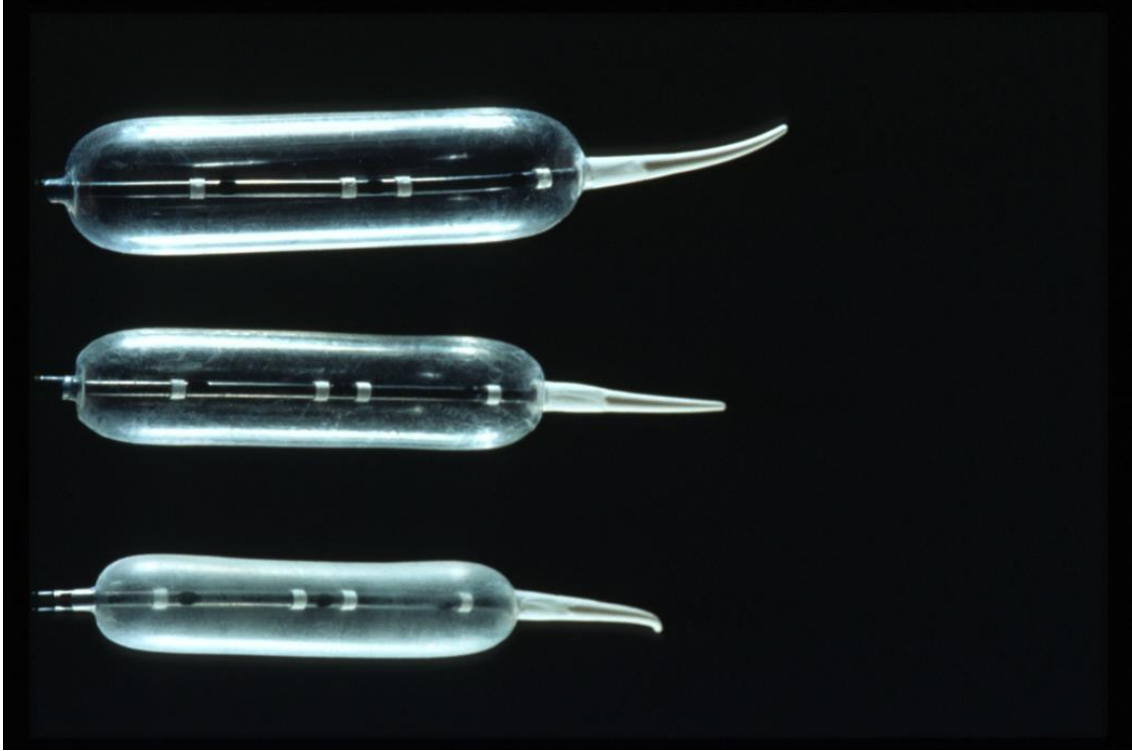
Cumulative Remission Rate

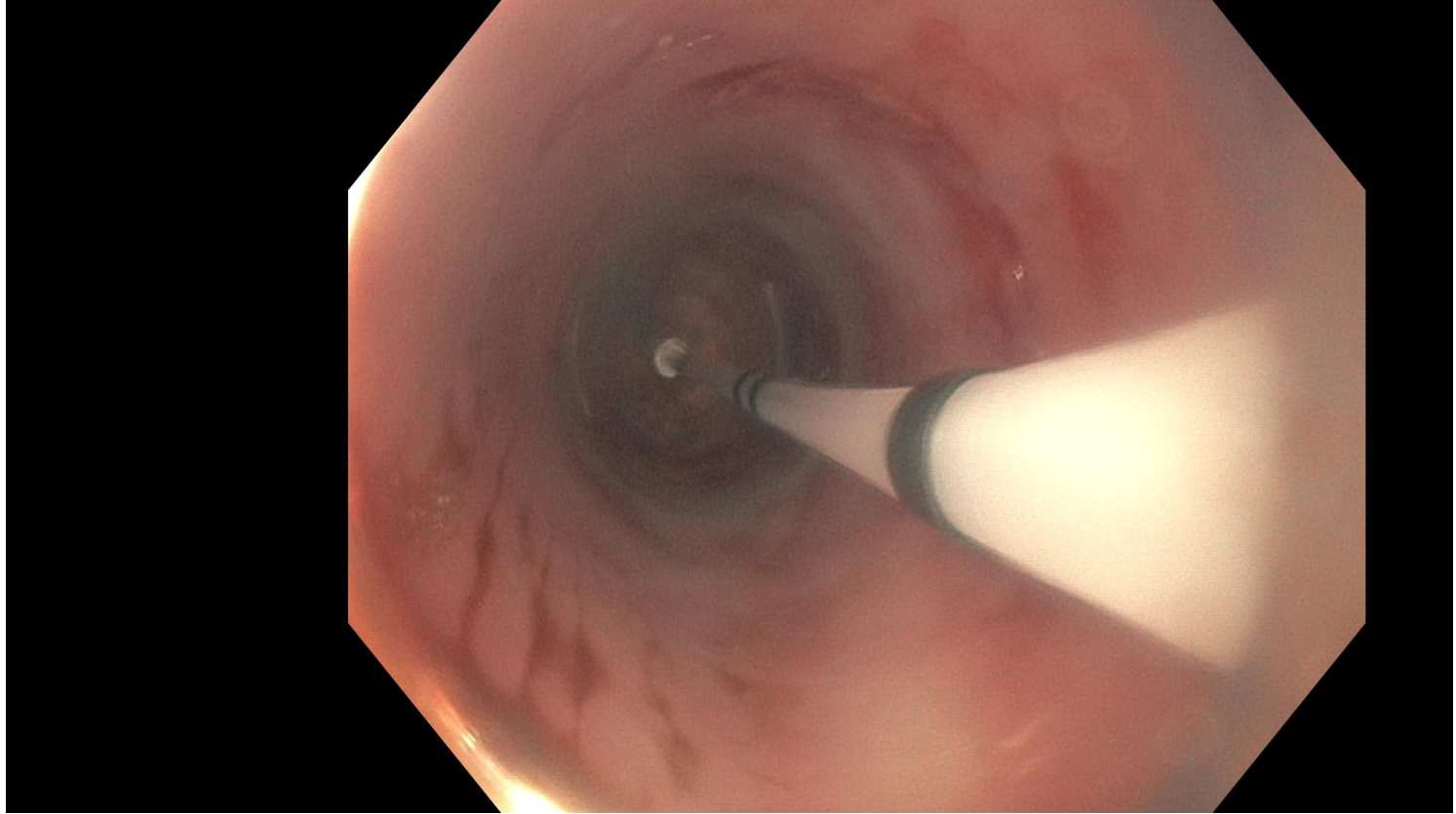


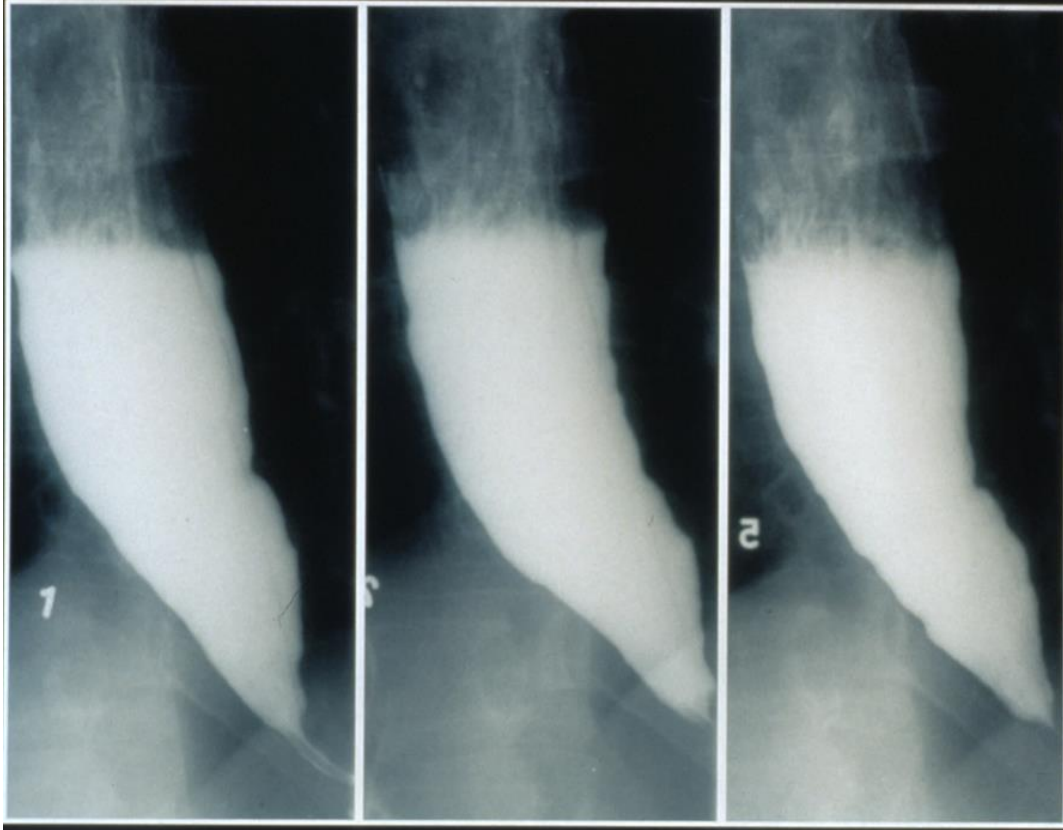
Pneumatic Dilation

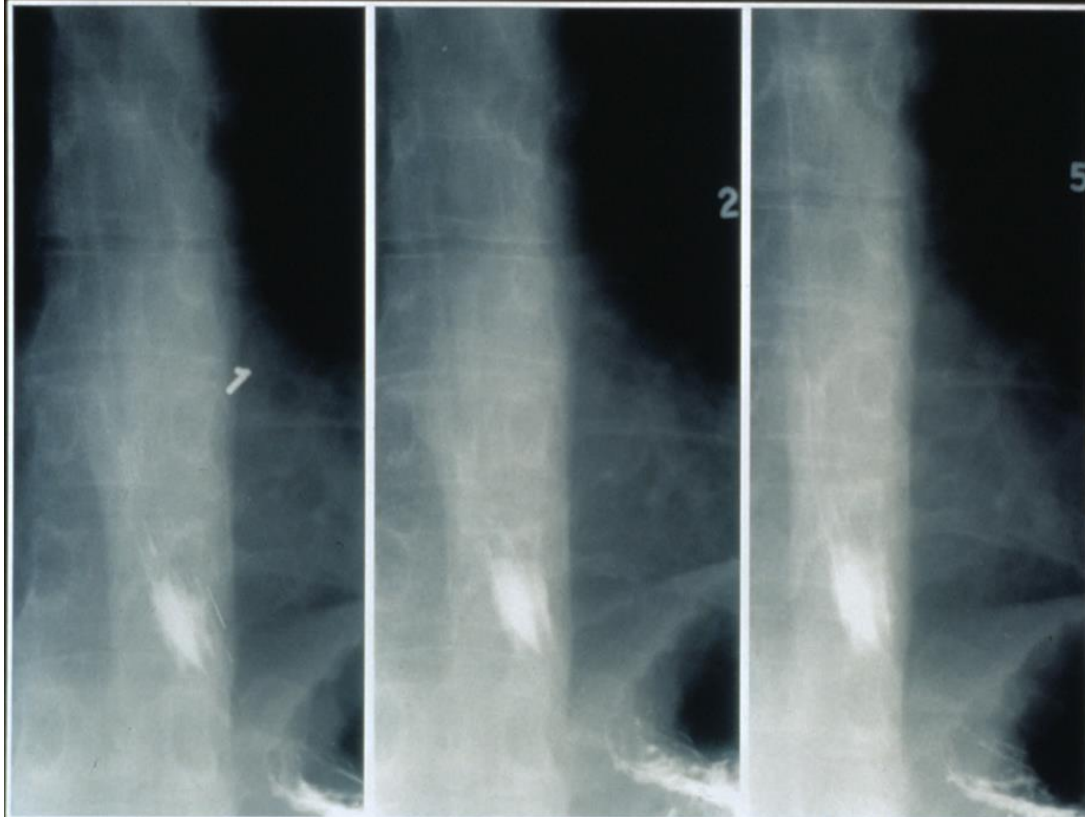


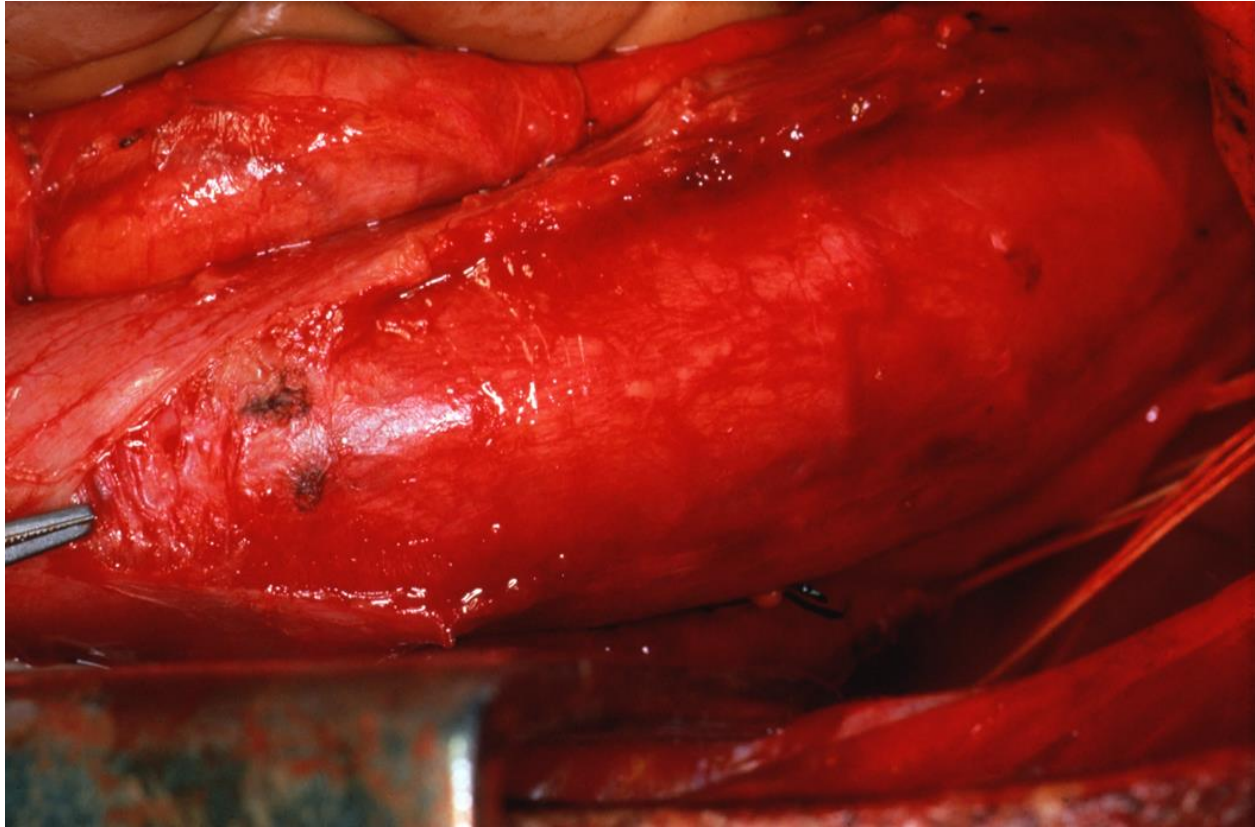
- Most effective non-surgical tx
- Tearing LES
- Relief of obstruction
- Clinical improvement





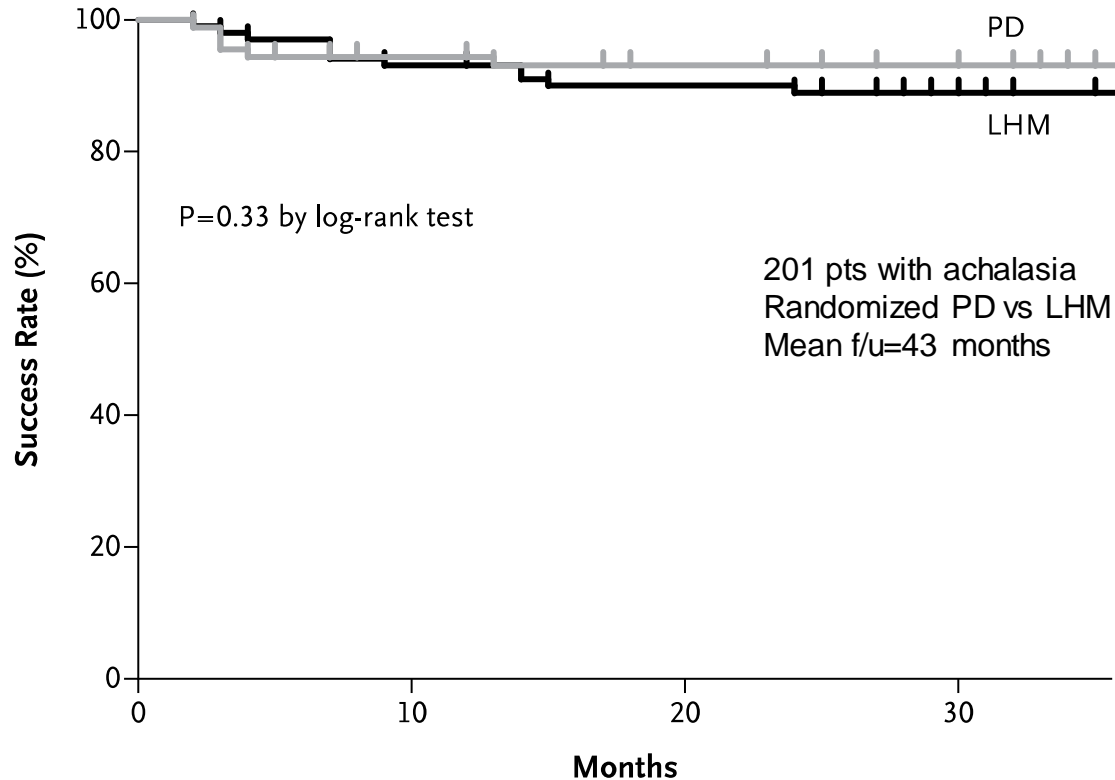




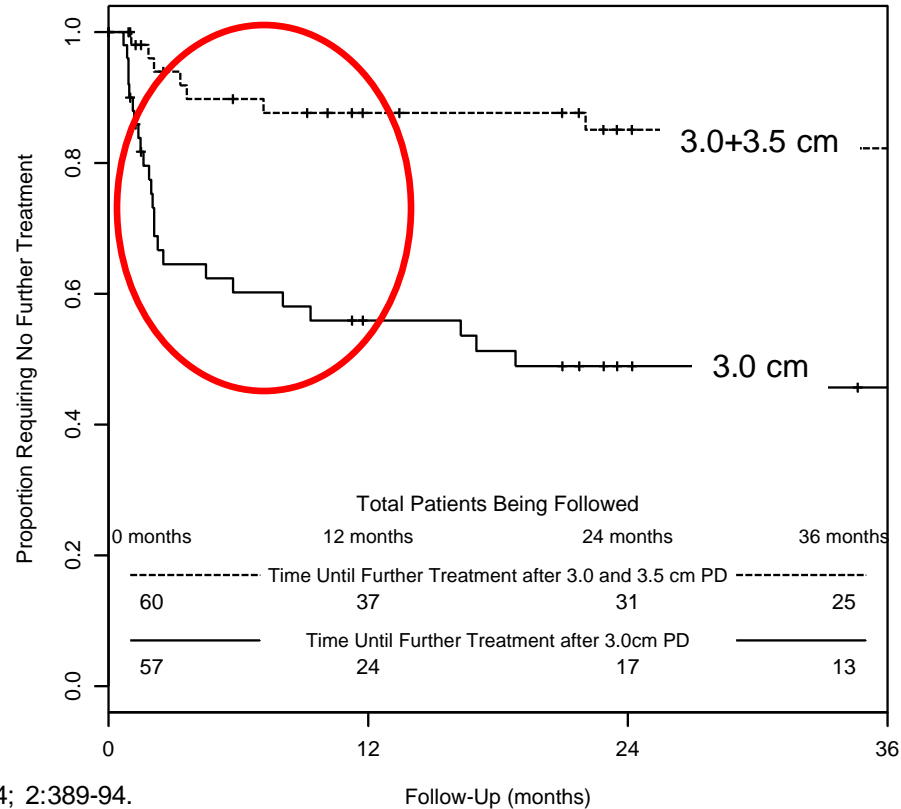


PD vs Myotomy

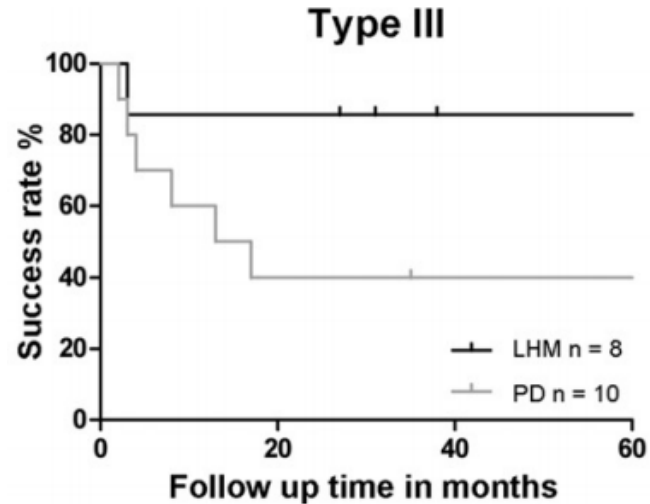
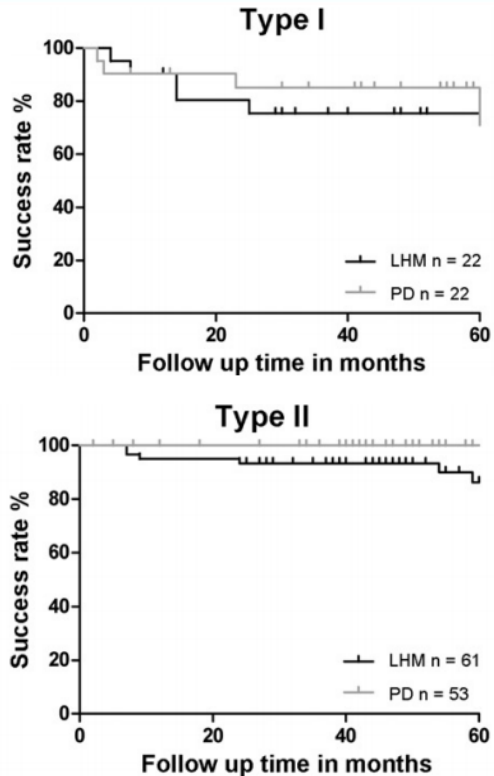
Randomized Study



PD and Young Patients

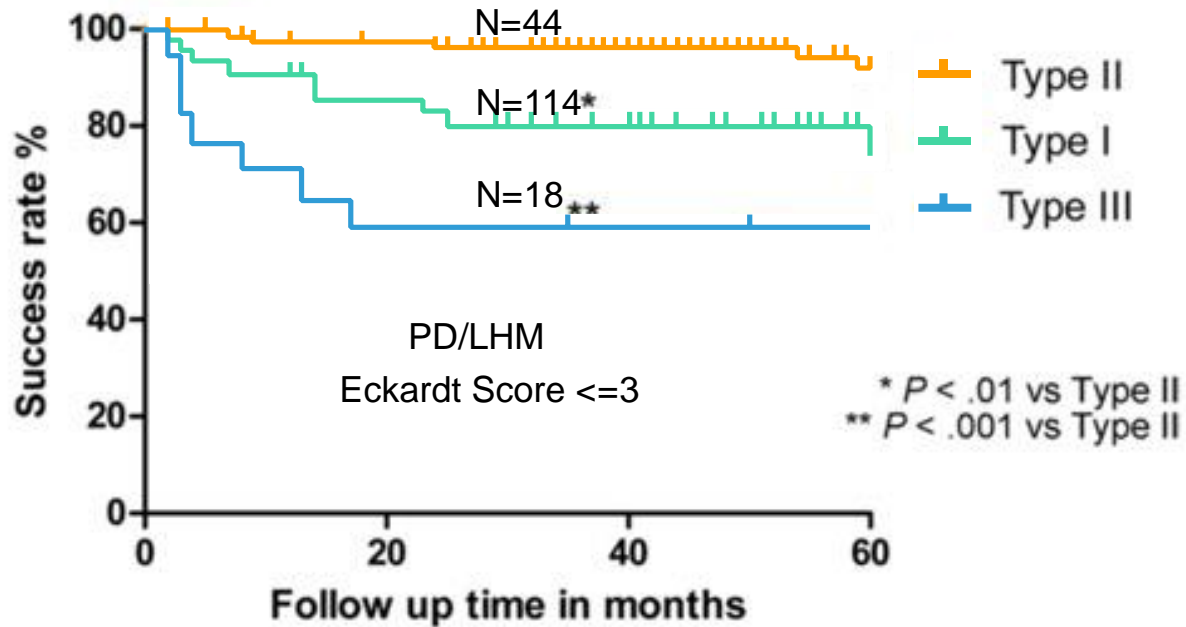


Subtypes and Tx Outcome

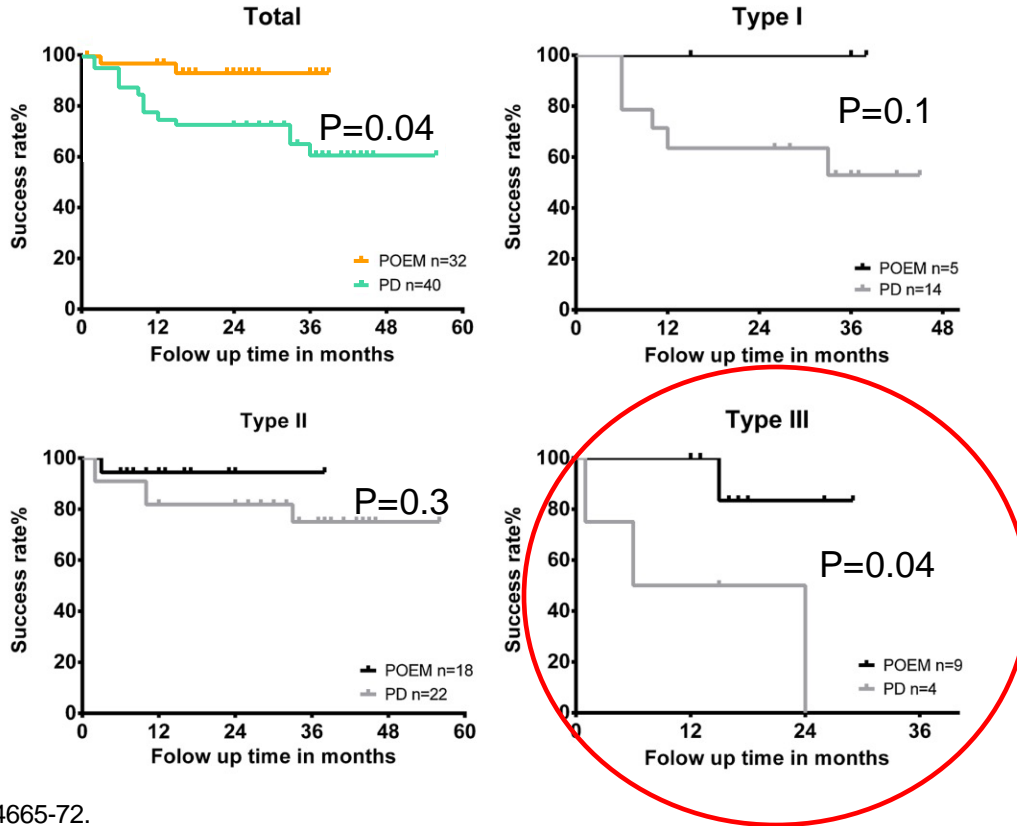




Subtypes and Tx Outcome



Subtypes and Tx Outcome



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Am J Gastroenterol 2020;115:1393–1411. <https://doi.org/10.14309/ajg.0000000000000731>; published online August 10, 2020



GUIDELINE

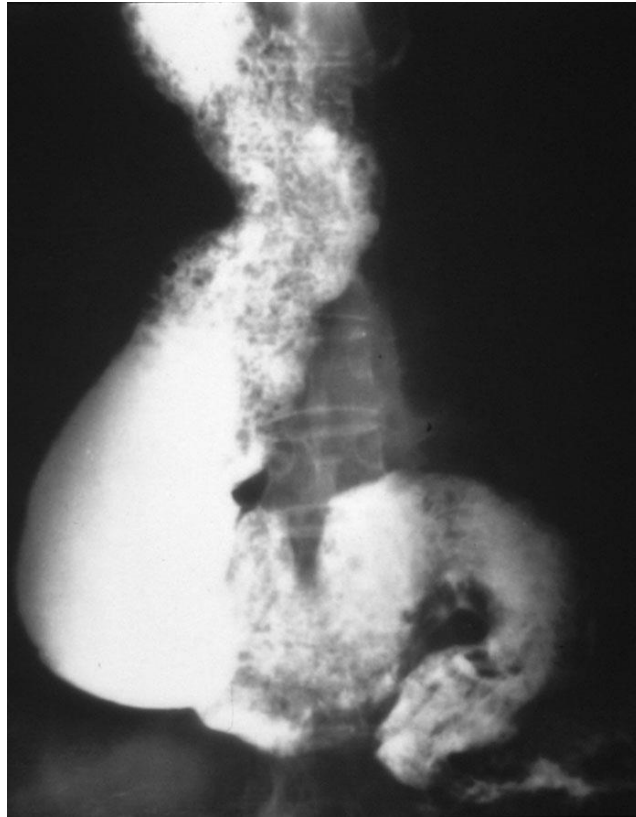


ASGE guideline on the management of achalasia

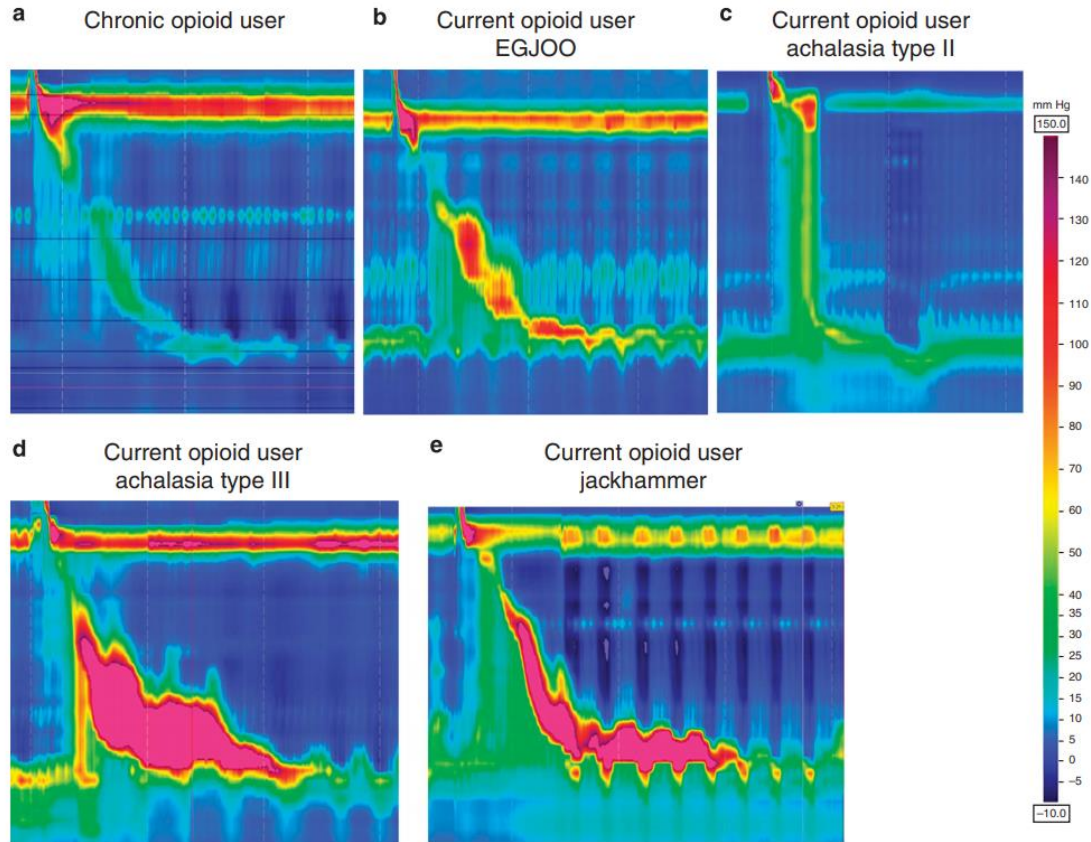


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- LHM, PD and POEM are effective modalities for patients with achalasia (ACG / ASGE)
- POEM or LHM for type III achalasia may be more efficacious alternative to PD (ACG)
- POEM preferred for type III achalasia (ACG/ASGE)



Opiates an Issue?



Treatment Algorithm

