Clinical and Manometric Characteristics of Untreated Achalasia: An Egyptian cohort

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Abstract:

Introduction: Esophageal high resolution manometry (HRM) coupled with high resolution pressure topography has dramatically changed the manometric studies and now replacing the conventional manometry in diagnosing achalasia and its subtypes. Aim of the work: To assess and compare the clinical and manometric characteristics of achalasia subtypes among untreated Egyptian patients using esophageal HRM. Methods: Forty Egyptian patients with achalasia underwent HRM at the GI motility unit, Internal Medicine department, Assuit University Hospital. Clinical and manometric data from 40 achalasia patients and 400 water swallows were analyzed according to Chicago classification into 3 subtypes: type I (classic achalasia), type II (achalasia with esophageal compression), and type III (spastic achalasia). Results: Type I achalasia was diagnosed in 16 patients, type II in 19 and type III in 5. Dysphagia and regurgitation were the main symptoms in types I and II achalasia. While, type III achalasia patients had dysphagia and sometimes chest pain, high lower esophageal sphincter (LES) pressure and esophageal spasm with swallowing when compared to types I and II. Integrated relaxation pressure (IRP) was significantly lower in type I than in types II and III. Maximal esophageal pressurization was significantly higher and LES length was significantly longer in type III than types I and II. Conclusions: The clinical and manometric variables of the 3 types of achalasia are distinct. The Egyptian cohort of achalasia had comparable data as those of the western population. Further investigations are needed to identify the optimal method of treatment within each subgroup.

Keywords:

high resolution manometry (HRM), achalasia, dysphagia, esophageal motility, esophageal pressure topography

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