Peroral endoscopic myotomy as a versatile approach to treating complex esophageal disorders

Since 2008, peroral endoscopic myotomy (POEM) has evolved as a technique for managing esophageal achalasia [1]. POEM has also recently emerged as a potential therapeutic tool in treating other esophageal motility disorders [2, 3], including Jackhammer esophagus and Zenker’s diverticulum [4]. However, for mid or lower esophageal diverticulum, the surgical treatment is still recommended, despite being associated with high morbidity. In this video case we report the application of the POEM technique as a therapeutic approach in a patient affected by Jackhammer esophagus, distal esophageal spasm, and a large distal esophageal diverticulum (▶Fig. 1, ▶Fig. 2 a). The aim of this POEM variation was to create a submucosal tunnel as a single access both to the diverticular septum, to perform septotomy, and to the esophageal wall muscle and lower esophageal sphincter (LES), in order to perform myotomy (▶Fig. 3, ▶Video1).

Compared with the classical POEM procedure, five phases were defined. After mucosa incision and submucosal tunneling, the myotomy was performed as a hybrid technique. Initially, an anterograde section of the esophageal wall muscle was dissected, starting from the fibers below the diverticular septum, progressing downstream, and ending in the stomach, beyond the LES section. Next, a retrograde septotomy was performed, beginning from the most distal septal fibers and working toward the proximal ones. At the end, the tunnel entry was sealed using hemostatic clips. This case report shows that POEM is versatile, safe, effective (▶Fig. 2 b), and minimally invasive. Its evaluation as a therapeutic tool in patients having mid or distal esophageal symptomatic diverticulum, whether associated with motility disorders or not, should be encour-
aged. However, despite the low rate of overall morbidity and mortality reported for conventional POEM [5], it should be carefully customized to each specific case, in order to reduce the risks of potential complications.

Endoscopy_UCTN_Code_TTT_1AO_2AN

Competing interests

Marc Barthet receives research grant from Boston Scientific. Guido Costamagna receives research grants from Boston Scientific, CooK Endoscopy and Olympus. No further conflicts of interest to disclose.

The authors

Antonella Putignano1, Marc Barthet2, Ricardo Rio-Tinto3, Guido Costamagna4, Hubert Louis1, Vincent Huberty1, Arnaud Lemmers1, Jacques Devière1

1 Department of Gastroenterology and Hepatopancreatology, Erasme University Hospital, Université Libre de Bruxelles, Brussels, Belgium
2 Department of Gastroenterology, Hôpital Nord, Aix Marseille Université, Marseille, France
3 Digestive Diseases Unit, Champalimaud Clinical Centre, Lisbon, Portugal
4 Digestive Endoscopy Unit, Fondazione Pollicito Universitario A. Gemelli, IRCCS, Rome, Italy

Corresponding author

Antonella Putignano, MD
Department of Gastroenterology, Hepatopancreatology, and Digestive Oncology, Erasme Hospital, 808, route de Lennik, Bruxelles 1070, Belgium
Fax: +32-2-5554697
antonella.putignano@erasme.ulb.ac.be

Fig. 3 Endoscopic images. a Anatomical relation between the septal fibers and the mucosa flaps at the tunnel entrance. b Submucosal tunnel.

Video 1 A modified peroral endoscopic myotomy technique as a therapeutic approach for treating, with a single submucosal tunnel, a complex case combining Jackhammer esophagus, distal esophageal spasm, and a large distal esophageal diverticulum.
Acknowledgment

We would like to thank all the professionals who helped to realise this video during the 35th edition of the Gastroenterology and Endotherapy European Workshop (GEEW, Brussels 2017).

References


Bibliography

DOI: https://doi.org/10.1055/a-0600-9529
Published online: 9.5.2018
Endoscopy 2018; 50: E172–E174
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X