Peroral endoscopic myotomy for achalasia after distal gastrectomy

Achalasia is a relatively rare esophageal motility disorder with a reported incidence of approximately 1 in 100,000 worldwide [1]. The occurrence of achalasia in patients with a distal gastrectomy is rare. We present a patient with achalasia and a distal gastrectomy who was successfully treated with peroral endoscopic myotomy (POEM).

A 72-year-old man with an approximately 30-year history of progressive dysphagia and regurgitation was referred to our hospital. He had undergone a distal gastrectomy for a gastric ulcer 40 years earlier. Esophagogastroduodenoscopy showed a dilated esophagus, a Billroth I anastomosis, and a suture line along the lesser curvature (\textit{Fig. 1}). Esophagography showed delayed esophageal emptying and narrowing at the lower esophageal sphincter (LES) (\textit{Fig. 2}). High resolution manometry demonstrated spastic contraction and impaired LES relaxation (\textit{Fig. 3}). We diagnosed nonsigmoid type III achalasia according to the Chicago classification and performed POEM. To avoid the suture line, the myotomy was done at the 5-o’clock position (\textit{Fig. 4}). Esophagography on postoperative day 1 showed adequate passage of contrast into the remaining portion of the stomach (\textit{Fig. 5}). The patient’s dysphagia and regurgitation had resolved completely at follow-up 8 weeks postoperatively.

Laparoscopic Heller’s myotomy is challenging in postoperative patients with achalasia because of their extensive adhesions and altered anatomy [2,3]. On the
other hand, POEM is a minimally invasive procedure with an approach from the esophageal lumen that is not complicated by the effects of previous surgery [4]. Recently, myotomy has often been performed at an anterior (11- or 2-o’clock) position or a posterior (5-o’clock) position because there is less risk for gastroesophageal reflux [5]. However, the 11- and 2-o’clock positions should be avoided in patients who have severe fibrosis and staples from previous surgery. We successfully treated this patient with a myotomy at the 5-o’clock position.

When a patient with achalasia and a distal gastrectomy is treated with POEM, selecting the appropriate myotomy position is of the utmost importance.

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