Use of a long, stiff, overtube placed by a colonscope to facilitate the POEM procedure for a 36-year history of achalasia with 13-cm esophageal dilation

Achalasia has an insidious onset, and disease progression is gradual. Patients typically experience symptoms for years prior to seeking medical attention, with a mean duration of symptoms of 4.7 years [1]. The delay in diagnosis is mainly due to misinterpretation of typical clinical features rather than atypical findings, and many patients are treated for other disorders, such as reflux, before diagnosis [2].

We report the case of a 56-year-old man who was referred after a 36-year history of progressive dysphagia with occasional complaints of chest pain and regurgitation without significant weight loss (Eckardt score 5, weight 72 kg, body mass index 20.8 kg/m²).

A computed tomography scan showed a 13-cm dilated esophagus with residual food (Fig. 1). Although manometry was difficult because of the sigmoid shape, the result was consistent with achalasia.
A diagnostic esophagoscopy using a flexible gastroscope was attempted but it was impossible to reach the cardia because of the severe dilation. Therefore, in order to perform peroral endoscopic myotomy (POEM) [3–5], we first used a colonoscope to place a 40-cm rigid overtube (Entrada; Life Partners Europe, Bagnolet, France) (Fig. 2). After the overtube had been placed, it became possible to reach the lower esophageal region with a gastroscope, with no looping of the scope. Next, a submucosal tunnel was created, and a short circular myotomy was performed using a Hook Knife (Olympus) 2 cm above and 2 cm below the cardia (Fig. 3, Video 1). No adverse events occurred during or after the procedure, and the patient was able to leave the hospital 2 days after the procedure. After 5 weeks, the Eckardt score was 2, with only rare dysphagia and regurgitation (once a month) but with weight gain of 3 kg.

Although this dilation was severe and the esophagus was atonic, the patient significantly improved following POEM. This technique should be attempted in similar patients, using an overtube in order to reach the cardia.

Endoscopy_UCTN_Code_TTT_1AO_2AD

Competing interests: None

Keoseyla Unn1, Piseth Chhorn1, Jérôme Rivory1, Sabine Roman2, Jean-Christophe Saurin1, Thierry Ponchon1, Mathieu Pioche1,3

1 Department of Endoscopy and Gastroenterology, Edouard Herriot Hospital, Lyon, France
2 Department of Digestive Physiology, Edouard Herriot Hospital, Lyon, France
3 INSERM U1032, LabTau, Lyon, France

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0042-107595
Endoscopy 2016; 48: E172–E173
© Georg Thieme Verlag KG
Stuttgart - New York
ISSN 0013-726X

Corresponding author
Mathieu Pioche, MD
Endoscopy Unit – Digestive Disease Department
Pavillon L – Edouard Herriot Hospital
69437 Lyon Cedex
France
Fax: +33-4-72110147
mathieu.pioche@chu-lyon.fr

Fig. 3 Per oral endoscopic myotomy procedure through the overtube. a Removal of residual food. b Injection. c Incision using a Dual Knife (Olympus, Tokyo, Japan). d Short myotomy using a Hook Knife (Olympus).

Video 1

Short myotomy after overtube placement in a patient with a 13 cm dilation of the esophagus and a long history of achalasia.