

ACG Guidelines: Diagnosis and Management of Achalasia

Goal: Review the work-up and treatment of achalasia

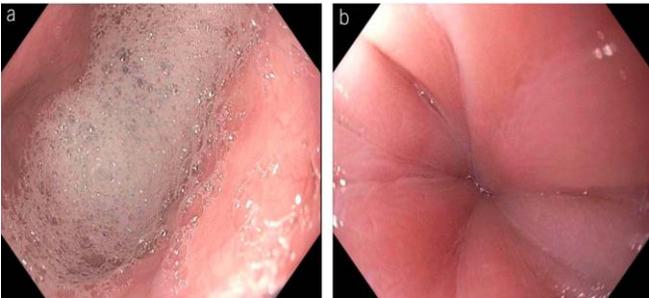
Who to suspect?

- Patients presenting with progressive dysphagia to solids and liquids, heart burn, chest pain, regurgitation, and weight loss or nutritional deficiencies.
- Patients diagnosed with GERD who are unresponsive to acid-suppressive therapy.

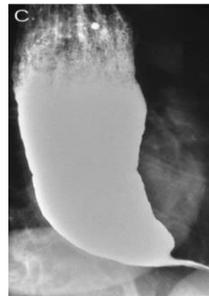
What test to order?

- Endoscopy to look for foam or puckering of the EGJ
- Barium esophagogram to look for retained barium or the classic “bird beaking”
- High resolution esophageal manometry (HRM)

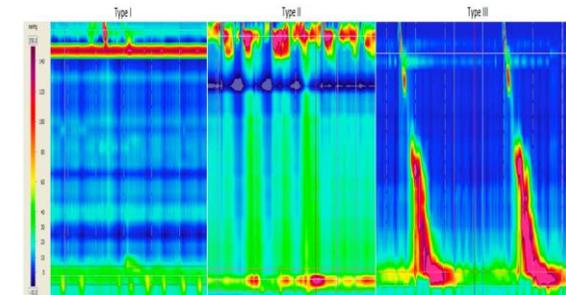
Endoscopy



Barium esophagogram



HRM



What classification criteria to use once the diagnosis of achalasia is made?

- Chicago classification for achalasia subtypes
 - Achalasia I – aperistalsis + panesophageal pressurization < 30 mm Hg
 - Achalasia II – aperistalsis + panesophageal pressurization > 30 mm Hg
 - Achalasia III – spastic contractions
- Classification help to inform prognosis and treatment

Definitive Treatment

Pneumatic Dilation
(PD)

Laparoscopic Heller
Myotomy (LHM)

POEM

Symptomatic Treatment

Botulinum toxin

Pharmacologic

- Type I and II Achalasia
 - PD, LHM, or POEM
- Type III Achalasia
 - POEM
- Botulinum toxin for those who cannot undergo PD, LHM, or POEM
- Pharmacological treatment for those who cannot undergo definitive treatment and failed botulinum toxin
 - Calcium channel blockers
 - Nitrates
 - Anticholinergics
 - Beta-adrenergic agonists
 - Theophylline
 - Sildenafil

- If patients failed any initial definitive treatment, can use the other two definitive treatments.
 - Ex: PD is an appropriate therapy for retreatment post initial myotomy or POEM.
- In patients with megaesophagus or “end-stage achalasia,” can consider esophagectomy if other interventions have failed.
- Stent placement is currently not recommended for management of long-term dysphagia.
- Myotomy with fundoplication > myotomy without fundoplication in controlling distal esophageal acid exposure.

Post Therapy Assessment

- Do not obtain routine gastrograffin esophagram after dilation.
- Timed barium esophagram is first-line for continued or recurrent symptoms after definitive therapy.

