

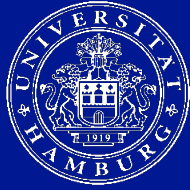


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Hamburg-Eppendorf

Achalasie Update 2014

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UKE Hamburg*



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ACHALASIE

Achalasia



Guy E Boeckxstaens, Giovanni Zaninotto, Joel E Richter

Achalasia is a rare motility disorder of the oesophagus characterised by loss of enteric neurons leading to absence of peristalsis and impaired relaxation of the lower oesophageal sphincter. Although its cause remains largely unknown, ganglionitis resulting from an aberrant immune response triggered by a viral infection has been proposed to underlie the loss of oesophageal neurons, particularly in genetically susceptible individuals. The subsequent stasis of ingested food not only leads to symptoms of dysphagia, regurgitation, chest pain, and weight loss, but also results in an increased risk of oesophageal carcinoma. At present, pneumatic dilatation and Heller myotomy combined with an anti-reflux procedure are the treatments of choice and have comparable success rates. Per-oral endoscopic myotomy has recently been introduced as a new minimally invasive treatment for achalasia, but there have not yet been any randomised clinical trials comparing this option with pneumatic dilatation and Heller myotomy.

Lancet 2014; 383: 83–93

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Department of
Gastroenterology,
Translational Research Center
for Gastrointestinal Disorders
(TARGID), University Hospital
Leuven, Catholic University of

Lancet Januar 2014



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ACHALASIE

Vorkommen 1:100.000

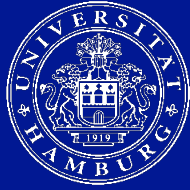
Männer=Frauen

Mittleres Alter 50 Jahre

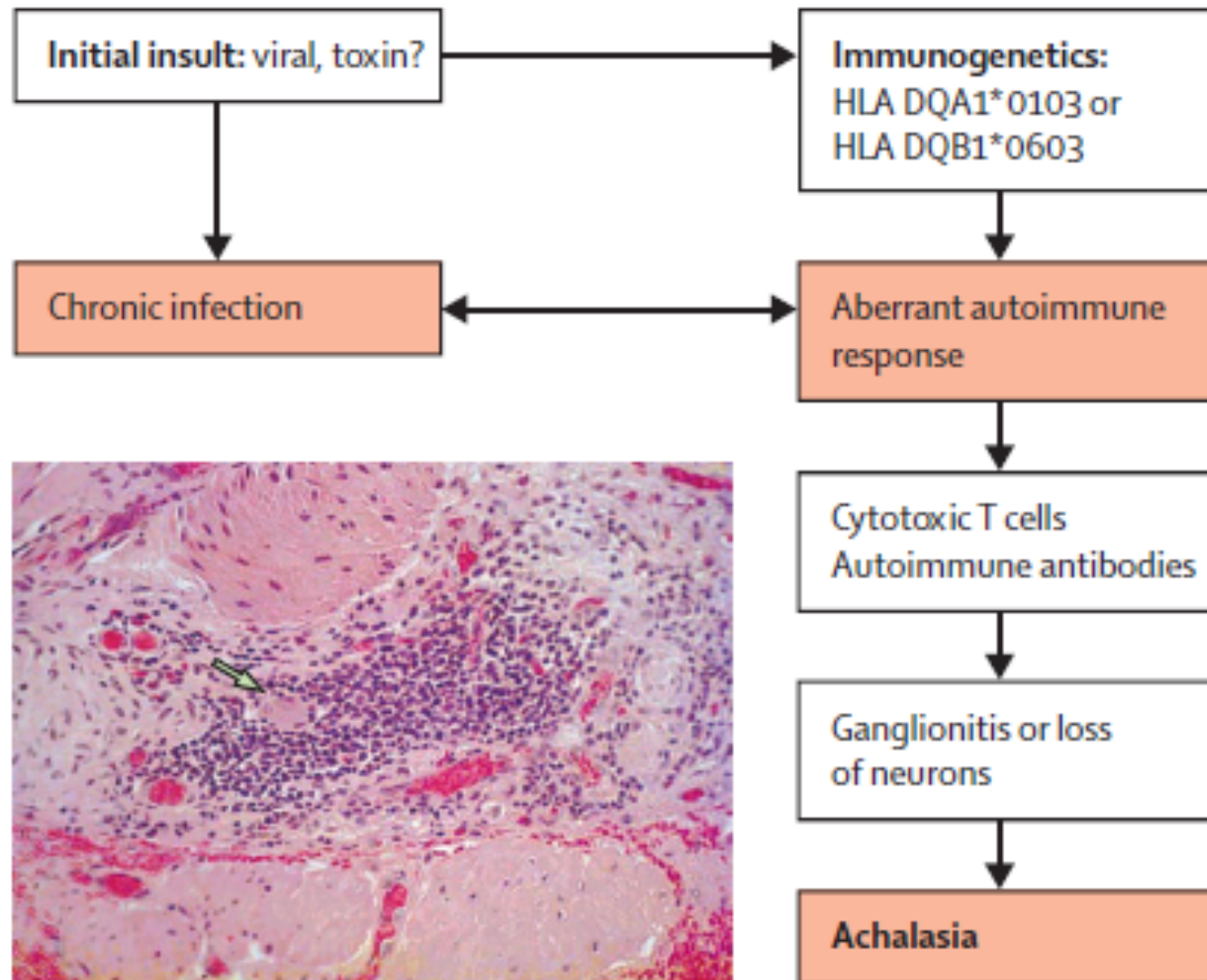
Inzidenz steigt mit dem Alter

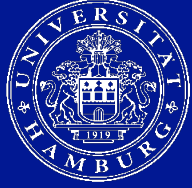
(> 80 J 17:100.000)

Gleichbleibend bei Einwanderern



ACHALASIE





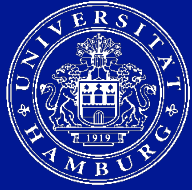
Karzinomrisiko

10-50 fach erhöht

OR 28 prospektive Studie*

Mortalität an Öso-Ca gleich wie Bev.

Überwachung ab 10 Jahre ?



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ACHALASIE

Diagnostik

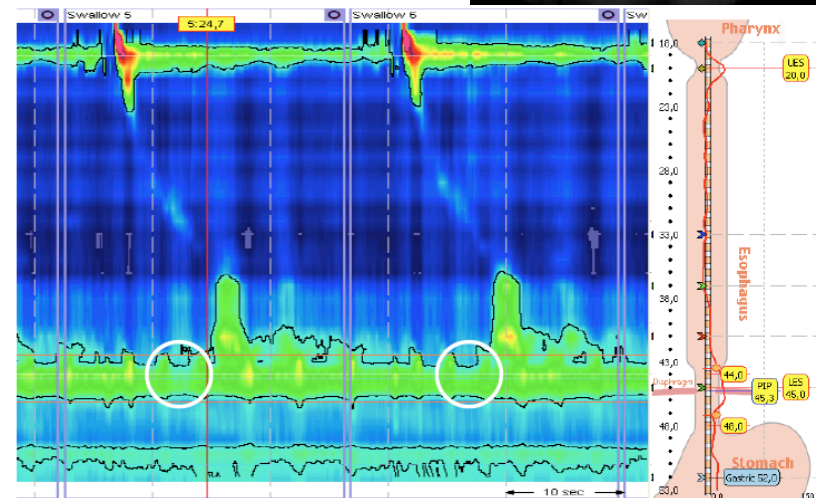
Endoskopie

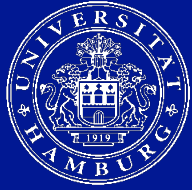
Radiologie

Manometrie (HR)

Differentialdiagnose

Einteilung

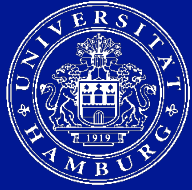




Pneumatic Dilation versus Laparoscopic Heller's Myotomy for Idiopathic Achalasia

- n=201
 - 2 Jahres Remissionsraten
 - Lap. Heller Myotomie 90%
 - Endosk. Ballon-Dilatation 86%
- p=0.46

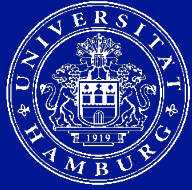
Boeckxstaens NEJM 2011



Netzwerk - Metaanalyse

Operation (Myotomie) besser als Ballondehnung

1 Jahr	2 fach	895 Fälle
2 Jahre	5 fach	707 Fälle
5 Jahre	30 fach	256 Fälle

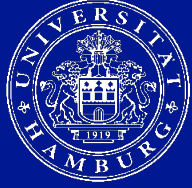


Frage: Achalasie-Typen und Outcome ?

Chicago-Klassifikation

	n=99	n=51	n=176
Typ I	56%	63%	81%
Typ II	83%	90%	96%
Typ III	29%	33%	66%

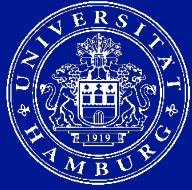
*Pandolfino et al, Gastroenterology 2008,
Pratap et al., JNM 2011
Rohoff et al., Gastroenterology 2013*



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Frage: Langzeit-Erfolge ?

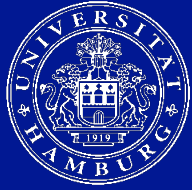


Langzeit-Erfolge Ballondilatation ?

N=366 (396) Ballondilatation (30,35,40 mm)

Mittl. F-up 129 Monate

30% symptom. Rezidiv nach im Mittel 51 Monaten
52% zweites Rezidiv nach im Mittel 70 Monaten

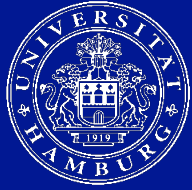


Langzeit-Erfolge Myotomie ?

N=165 (249) lap. Heller Myotomie + Dor
Mittl. F-up 62 Monate

78% Dysphagie 1x/Woche oder weniger
22% Dilatation oder Reoperation (4%)

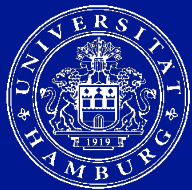
45% antisekretorische Therapie



Frage: Langzeit-Erfolge ?

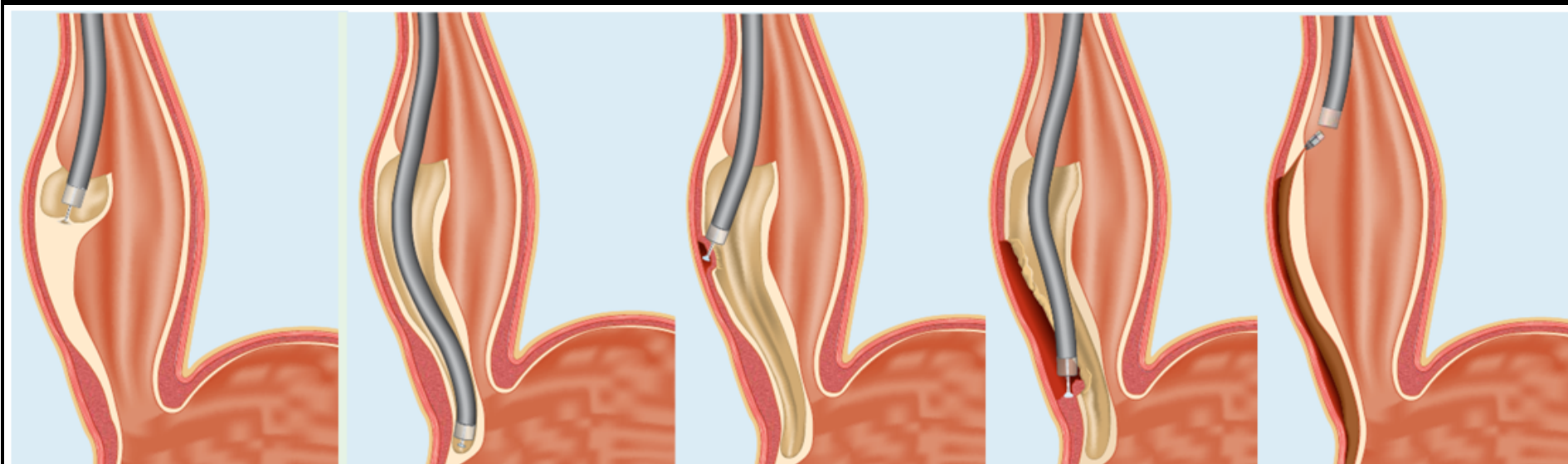
Ballondilatation 50%

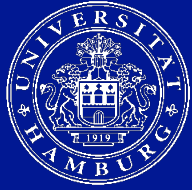
Myotomie 70-85%%



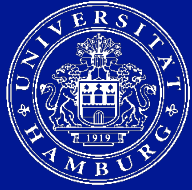
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POEM



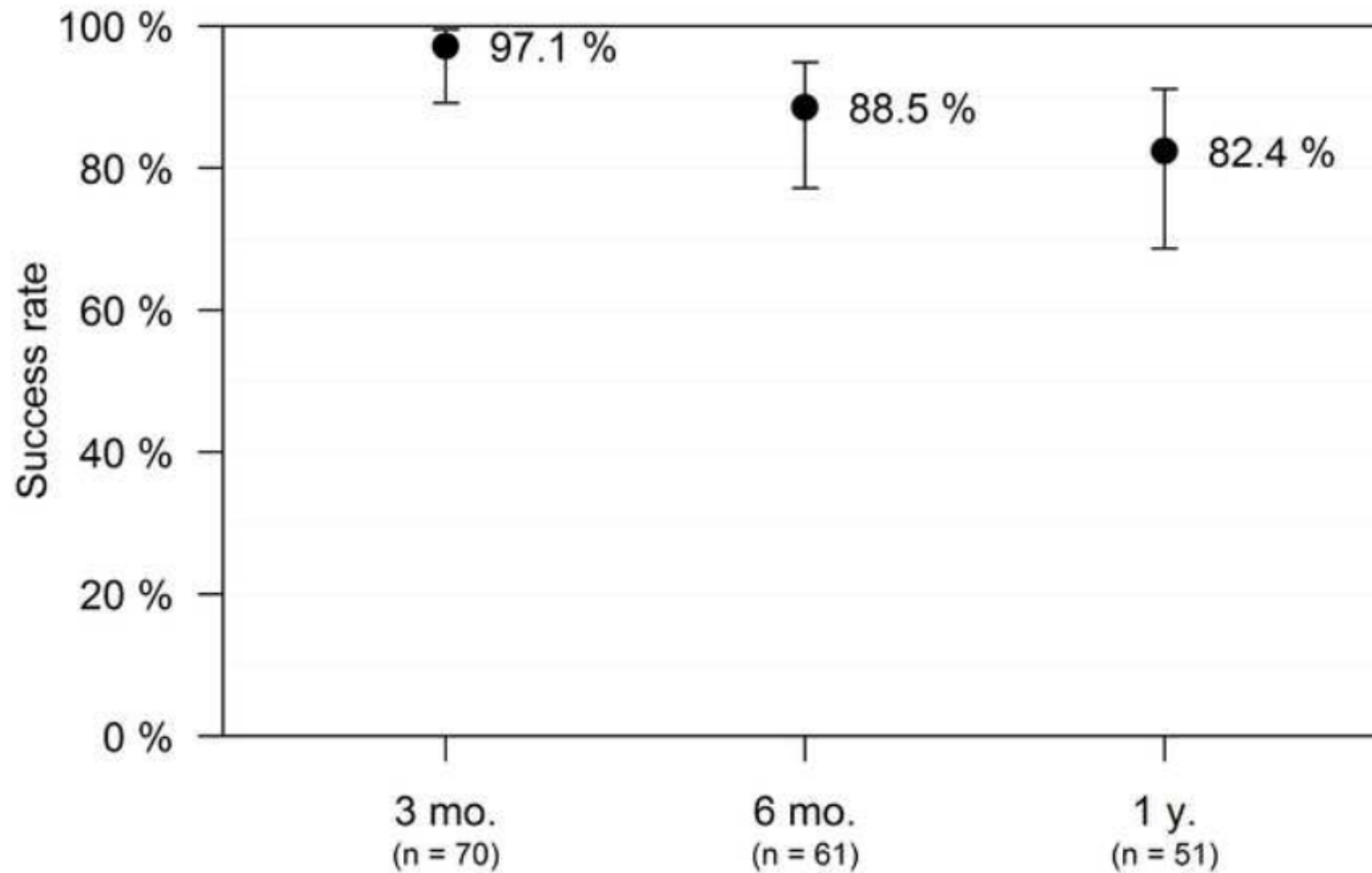
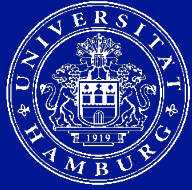


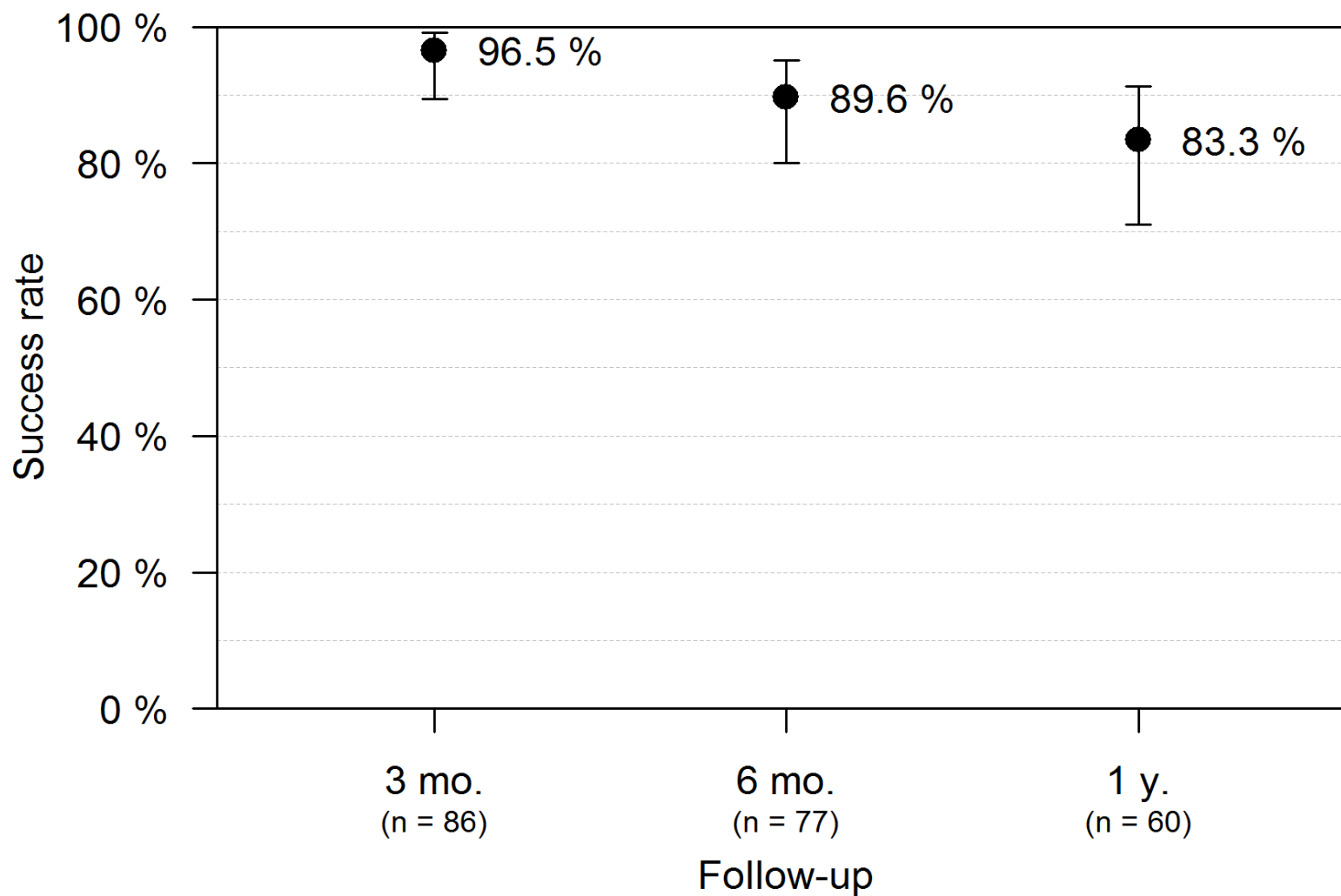
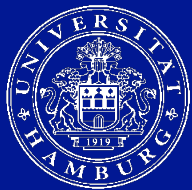
Autor	n	Erfolg	F-up
Inoue 2011	17	100%	5 Monate
Minami 2013	28	100%	3 Monate
Inoue oral	300	100%	?
Costamagna 2012	11	91%	1 Monat
Verlan 2013	10	100% (?)	3 Monate
Hungness 2013	18	89%	6 Monate
Swanstrom 2013	40	100% (?)	6 Monate
Chiu 2013	16	100 % (?)	3 Monate
Lee 2013	13	100%	3 Monate
Li 2013	234	95.5%	6-10 Monate

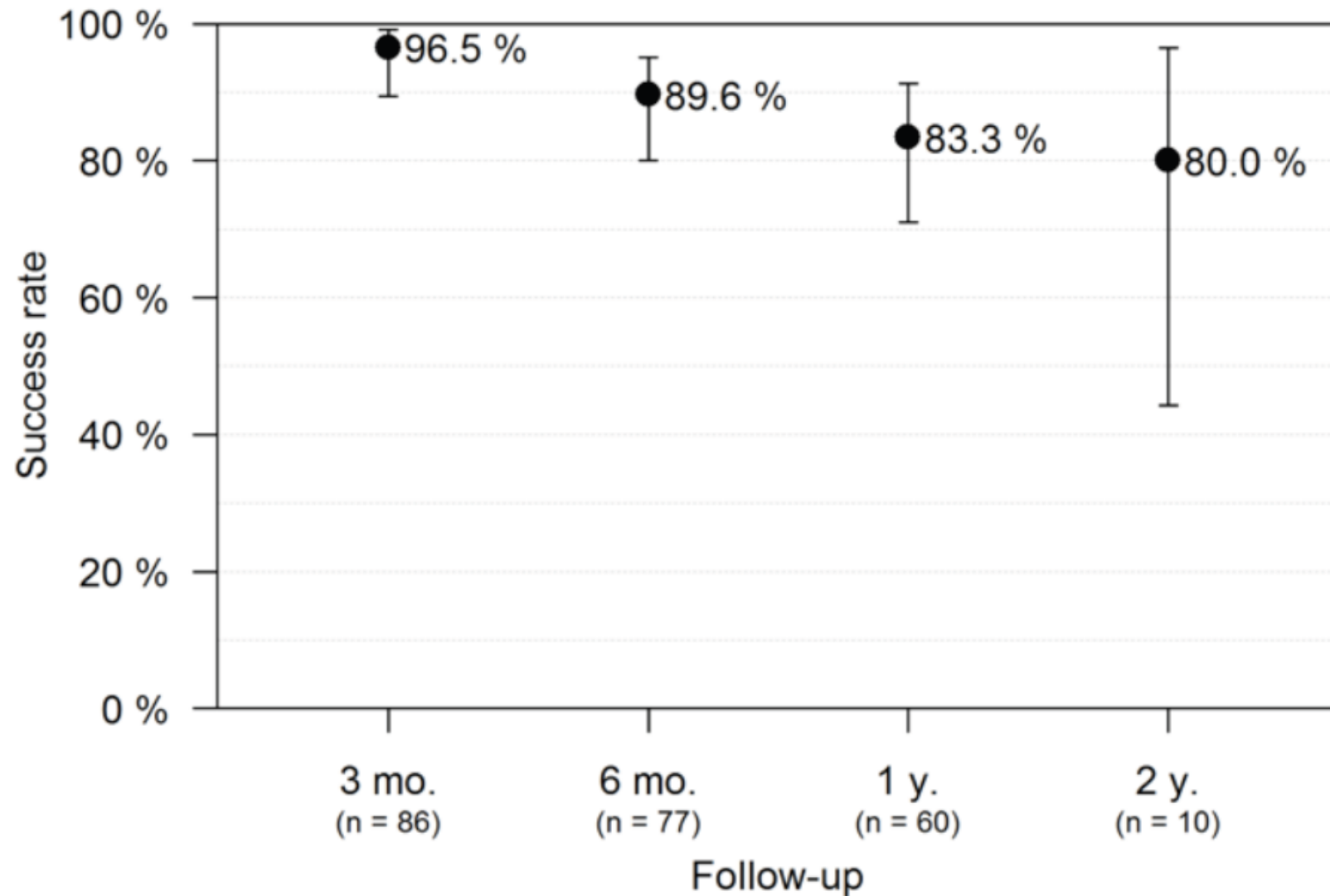
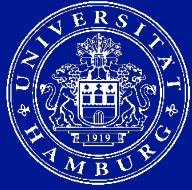


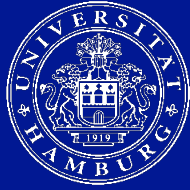
- n=16 (Pilotstudie)
- n=70 (MCT)

	Baseline	3 months	6 months	12 months	2 years
Eckhardt Score	✓	✓	✓	✓	✓
EGD	✓	✓	—	—	✓
Manometry	✓	✓	—	—	—
GERD Score	✓	✓	✓	✓	✓
PPI use	✓	✓	✓	✓	✓



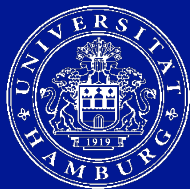






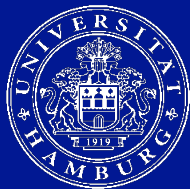
	POEM (n=70)		LHM (n=110)		p-value
Age (years, CI)	45	(40.5 - 48.8)	47	(43.5 - 49.9)	0.437
Female gender (n, %)	30	(42.9%)	49	(44.5%)	0.878
Previous treatment (n, %)	24	(34.3%)	35	(31.8%)	0.747
OR time (min, CI)	105	(95.1 - 114.2)	111	(105.3 - 115.9)	0.245
Length of myotomy (cm, CI)	13	(11.9 - 13.5)	8	(7.7 - 8.1)	<0.001

Von Renteln et al. (in Vorbereitung)

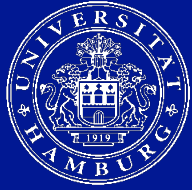


	POEM		LHM		p value
	Mean	95%CI	Mean	95%CI	
<i>Eckardt score</i>					
• Pre therapy	6.91	(6.43 - 7.40)	7.23	(6.82 - 7.65)	0.325
• Post therapy	0.97	(0.70 - 1.24)	1.43	(1.10 - 1.75)	0.050
<i>LESP (mm Hg)</i>					
• Pre therapy	27.6	(24.2 - 31.0)	28.5	(25.9 - 31.2)	0.659
• Post therapy	8.9	(7.3 - 10.5)	11.7	(10.3 - 13.1)	0.010
<i>Weight (kg)</i>					
• Pre therapy	72.8	(68.8 - 76.9)	70.9	(64.7 - 77.1)	0.586
• Post therapy	75.6	(71.3 - 79.8)	74.9	(68.8 - 80.9)	0.837
<i>Laboratory results</i>					
Hemoglobin (g/dl)	12.0	(11.4 - 12.6)	12.6	(12.1 - 13.0)	0.167
WBC	9.86	(8.95 - 10.76)	10.48	(7.43 - 13.53)	0.637
CrP (g/dl)	58.7	(50.4 - 67.0)	34.3	(26.5 - 42.1)	<0.001

Von Renteln et al. (in Vorbereitung)



	POEM	LHM	p value
	Mean	Mean	
<i>Reflux after therapy(%)</i>			
Endoscopic erosions			
• Overall rate	41.5	28.9	0.093
• Grade A	29.2	16.3	
• Grade B	12.3	11.5	
PPI use			
• Overall rate	34.3	21.1	0.071
• Daily	11.9	15.6	
• Occasionally	22.4	15.6	



Mögliche Komplikationen

- Verletzung umgeben
- Verletzung
- Sch
- Dur
- Entz
- Blutung
- Infektion

Schwere Nachblutung
Mediastinitis

der Bauchfells

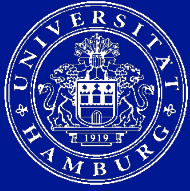


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POEM-Serie

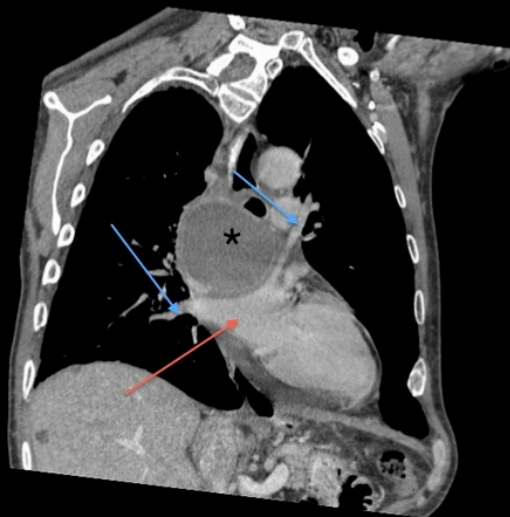
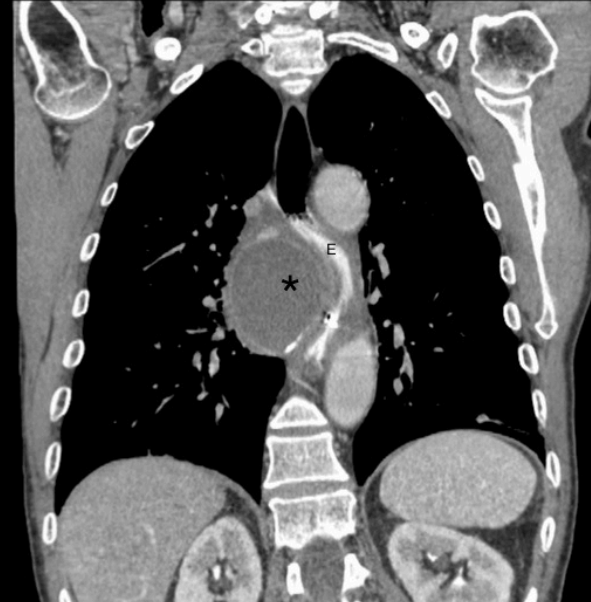
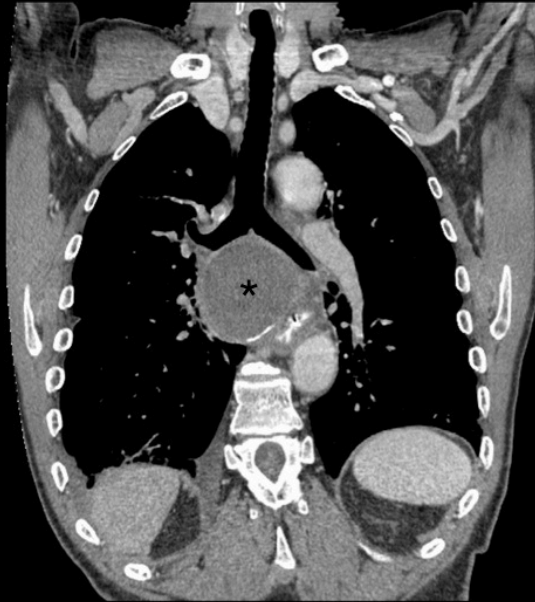
Ulcus der Mukosabedeckung des Kanals n=2
nach 2 Tagen und 3 Wochen

Mediastinal-Hämatom n=1
nach 3 Monaten



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POEM-Serie





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und danach ...

N=1

Pneumothorax, Abbruch, Drainage

N=1

Akute Nachblutung, Drainage, Thorakoskopie



Komplikationen n=119

Hautemphysem	55.5%
Mediastinalemphysem	29.4%
Freie abdominelle Luft	39.5%



Komplikationen n=119

Hautemphysem	55.5%
Mediastinalemphysem	29.4%
Freie abdominelle Luft	39.5%
Pneumothorax	2.5%
Postproc. Blutung	0.8%
Pleuraerguß	48.7%
Lungenaffektion *	49.6%

* inflammation or segmental atelectasis of the lungs



POEM für Achalasie Typ I-III

POEM für S-förmige Achalasie

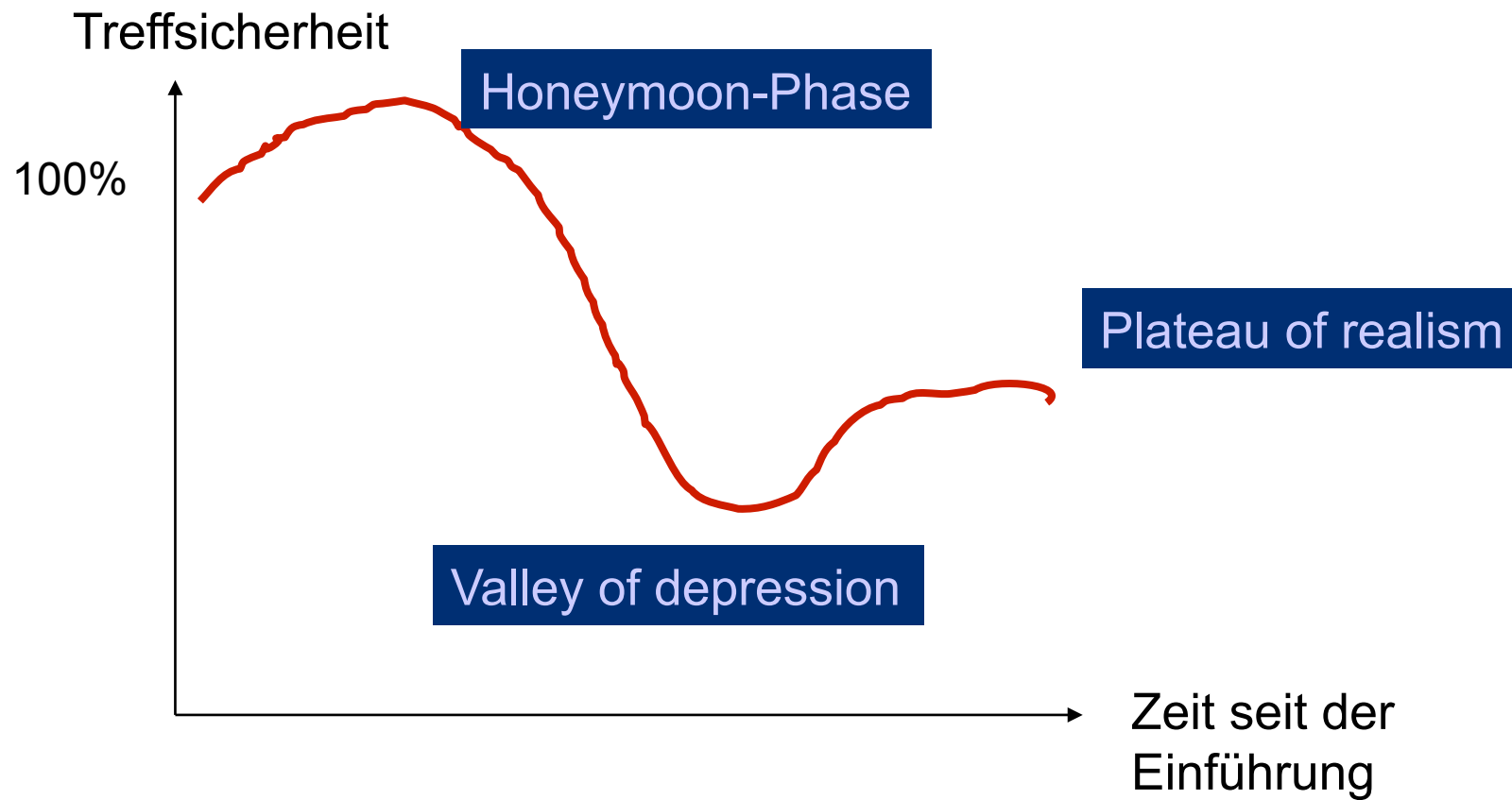
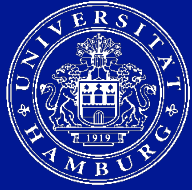
POEM für Kinder

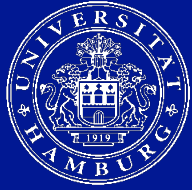
POEM für Achtzigjährige

POEM für Versager nach OP

POEM für Versager nach POEM

POEM für JEDEN !





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Studien !





Gutes neues Verfahren

Offene Fragen:

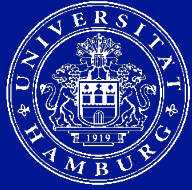
Langzeitwirkung ?

Wahre Komplikationsrate ?

Wie lang soll der Schnitt sein ?

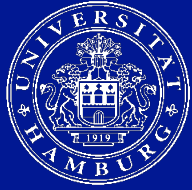
Für alle oder für bestimmte Patienten ?

Wer soll es machen ?



- POEM mögliche Alternative zu Heller Myotomie und Ballondilatation bei Achalasie
- Reflux wahrscheinlich etwas höher
- Vergleichende Studien sind initiiert
RCTs: Heller (Hamburg), POEM vs. Heller (Amsterdam / Leuven / Shanghai)
- POEM für spastische Ösophaguserkrankungen in Einzelfällen möglich, jedoch ausreichende Vordiagnostik und individuelle Aufklärung nötig.

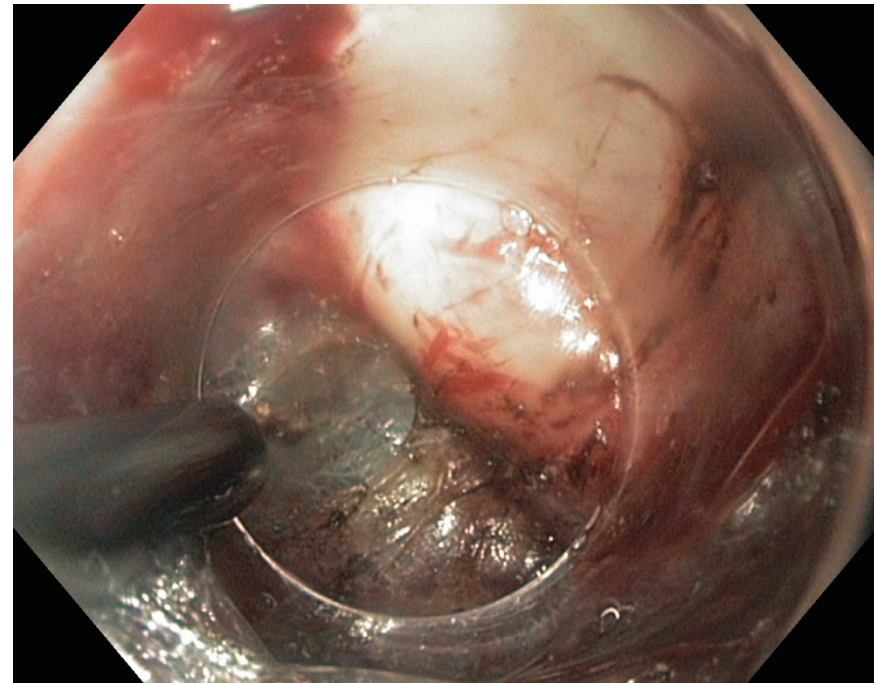
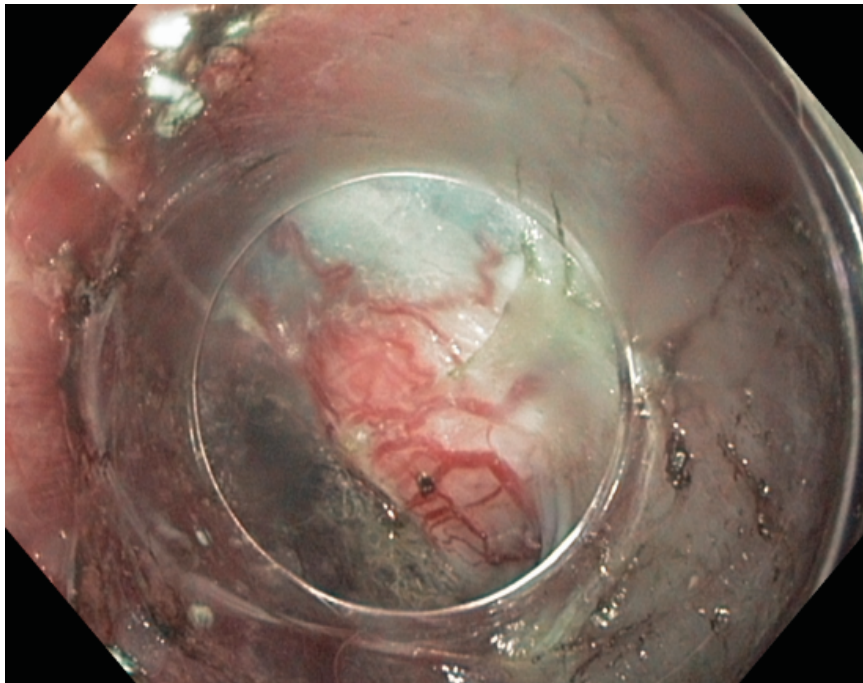
Möglichst viele Patienten in Studien (Qualität !)



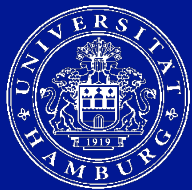
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POEM: Erweiterung

SET Submuköse endoskopische Tumorsektion



aber ...



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....**POEM Werbeblock**



ENDOCLUB NORD 1. und 2. November 2013