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ESOPHAGEAL DIVERTICULUM AFTER PERORAL ENDOSCOPIC MYOTOMY : THINK ABOUT IT IF THE SYMPTOMS CHANGE

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Peroral endoscopic myotomy (POEM) is one of the treatment of achalasia (1). A 58-year-old woman presented with daily dysphagia and weekly regurgitations. The results of high resolution esophageal manometry gave rise to a diagnosis of a type II achalasia. After 2 pneumatic balloon dilations which were not effective, a POEM was performed. The patient presented daily regurgitations 6 months after the POEM. High resolution esophageal manometry was not contributive because the catheter did not pass through the esophagogastric junction. The gastroscopy was performed by an experienced endoscopist (TW) and demonstrated an esophageal food stasis and large esophageal pocket of 4 cm. The esophagogastric junction (Fig 1) was eccentric and passed with jump. A conventional esophageal manometry with endoscopy-assisted placement was then performed and confirmed the impaired esophagogastric junction opening. A CT barium esophagram (Fig 2) demonstrated a focal saccular dilatation (diverticulum) of the esophagus approximately 4 cm long that was not seen on the CT barium done before the POEM. There was also moderate narrowing of the esophagogastric junction, leading to retention of a barium pill. These data explained the symptoms of the patient. Thus, if the symptoms of achalasia have changed, especially after POEM, gastroscopy, barium esophagram, and esophageal manometry are needed and the diverticulum must be evoked.

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Figure 1



Figure 2

