Documents

Gonzalez, J.-M.[a] , Barthet, M.[a] , Debourdeau, A.[b] , Monino, L.[c] , Vitton, V.[a]

Peroral endoscopic myotomy and valve section for treatment of persistent and disabling dysphagia after laparoscopic fundoplication (with video)
(2023) *Gastrointestinal Endoscopy*, 98 (5), pp. 839-842. Cited 2 times.

DOI: 10.1016/j.gie.2023.06.027

[a] Service de gastroentérologie, Aix-Marseille Université, AP-HM, Hôpital Nord, Marseille, France
[b] Service d'hépatogastro-enrtérologie, CH Lapeyronie, Université de Montpellier-Nîmes, Montpellier, France
[c] Department of Hepatogastroenterology, Université catholique de Louvain, Cliniques universitaires Saint-Luc, Brussels, Belgium

Abstract
Background and Aims: The use of laparoscopic fundoplication (LF) to treat refractory GERD may induce refractory dysphagia (5%-10%). The management is complex, and peroral endoscopic myotomy (POEM) including valve incision is a new therapeutic option. Methods: This retrospective study involved patients with postfundoplication refractory dysphagia treated by POEM associated with complete wrap incision. Patients were evaluated with Eckardt and dysphagia scores. Study objectives were to evaluate clinical and technical outcomes, adverse events, and GERD recurrence. Results: Twenty-six patients, with a mean age of 57.3 ± 15.6 years, were included. Mean follow-up was 25.3 ± 17.6 months. The technical and clinical success rates were 96% and 84.6%, respectively. Among failures, 1 patient underwent Lewis-Santy, 2 required dilations, and 1 was lost to follow-up. Three late recurrences occurred and were endoscopically managed. Five patients (19%) had GERD recurrence that was mainly improved by proton pump inhibitors. Conclusions: POEM with fundoplication is a serious therapeutic option for managing persistent dysphagia after LF, with a low risk of GERD recurrence. © 2023 American Society for Gastrointestinal Endoscopy

Index Keywords
proton pump inhibitor; adult, Article, body weight loss, clinical article, clinical effectiveness, dysphagia, female, follow up, gastroesophageal reflux, human, incision, lower esophagus sphincter, male, manometry, middle aged, outcome assessment, peristalsis, peroral endoscopic myotomy, recurrent disease, retrospective study, stomach fundoplication, videorecording

Correspondence Address
Gonzalez J.-M.; Hôpital Nord, France

Publisher: Elsevier Inc.

ISSN: 00165107
CODEN: GAENB
PubMed ID: 37385551
Language of Original Document: English
Abbreviated Source Title: Gastrointest. Endosc.
2-s2.0-85171997095
Document Type: Article
Publication Stage: Final
Source: Scopus