

Peroral Endoscopic Myotomy vs Laparoscopic Heller Myotomy in the Treatment of Achalasia

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SHORT COMMUNICATION

Achalasia is an uncommon illness characterized by a lack of lower esophageal sphincter relaxation and esophageal peristalsis. Initial treatment options include endoscopic balloon dilatation and laparoscopic surgical myotomy. Esophagectomy's indications and results in the therapy of end-stage achalasia are less well defined [1]. Because the origin of this illness is unknown, the goal of treatment is to enhance esophageal emptying by removing the lower esophageal sphincter's outflow resistance. Pneumatic dilatation or surgical myotomy, which are the only long-term successful treatments for achalasia, can help achieve this aim. Because of the morbidity associated with a thoracotomy or a laparotomy, pneumatic dilatation was formerly chosen over surgical myotomy [1,2]. The surgical approach, however, has acquired universal acceptability among patients and gastroenterologists as a result of the development of minimally invasive methods, and the role of surgery has shifted as a result [3].

POEM (Per-Oral Endoscopic Myotomy) is a less invasive achalasia treatment that requires less hospitalization and has equivalent short- and long-term results as a Laparoscopic Heller Myotomy (LHM). Prior research comparing POEM with LHM has largely focused on postoperative outcome measures such as complications, dysphagia ratings, and the degree of gastroesophageal reflux [4]. POEM had considerably less postoperative discomfort when they arrived in the recovery room and one hour later. LHM patients need greater narcotic analgesic treatment to obtain equivalent pain ratings throughout the first 24 hours and at discharge. Despite having a considerably shorter LOS, POEM patients require fewer narcotic analgesic prescriptions than LHM patients. POEM is a procedure that is less painful [5].

In terms of effectiveness and safety, POEM is equivalent to

Laparoscopic Heller Myotomy (LHM), with less procedure discomfort and a shorter recovery period. POEM may be more effective and long-lasting than Pneumatic Dilation (PD) for the treatment of achalasia, according to new research, and it has a similar safety profile [6]. POEM for Spastic Esophageal Diseases (SED) has some encouraging preliminary findings, but further research is needed. Post-POEM Gastroesophageal Reflux Disease (GERD) is widespread yet asymptomatic in the majority of patients, emphasizing the necessity for continued study and longterm monitoring of these individuals.

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