TO THE EDITOR: We read the manuscript entitled “Morphologic restoration after peroral endoscopic myotomy in sigmoid-type achalasia” with great interest. In this manuscript, the authors evaluated the change in esophageal tortuosity after peroral endoscopic myotomy (POEM) as described by the “Descriptive rules for achalasia of the esophagus.” Timed barium esophagogram (TBE) is commonly utilized to document the success after POEM or any other treatment modality. The traditional rules of assessing the clinical success using TBE, ie, greater than 50% reduction in barium height may not apply to sigmoid achalasia. Therefore, other parameters such as change in esophageal angulation, reduction in diameter of esophagus, and widening of esophagogastric junction opening are used to objectify the treatment outcomes in these cases.

In this study by Yoon et al, the mean angle of esophageal tortuosity increased from 91.5 ± 13.9° before POEM to 114.6 ± 17.5° after POEM signifying a reduction in the esophageal burden. Similar conclusions were drawn in another recent study by Maruyama and colleagues, where the average esophageal angulation changed from 88.4 ± 23.1° before POEM to 109.5 ± 16.7° after POEM (P < 0.01). The results of both these studies suggest that there is no difference in the short-term outcomes between sigmoid achalasia (90-135°) and advanced sigmoid achalasia (< 90°). Besides these studies, a couple of other studies with relatively longer follow-up concluded that the pre-operative degree of esophageal flexion does not affect the outcomes of surgery in sigmoid achalasia. The outcomes in these studies compels us to question the utility of quantifying the esophageal angulation or change in esophageal angulation if there is no effect on the final consequences.

In this study by Yoon et al, morphologic restoration after peroral endoscopic myotomy in sigmoid-type achalasia. J Neurogastroenterol Motil 2020;26:67-73.

Zaheer Nabi* and D Nageshwar Reddy
Asian institute of Gastroenterology, Hyderabad, India

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