Results of short- and long-segment cardioesophageal myotomy for achalasia

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Source

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Abstract

Background/Aim:

We report the results of a short- and long-segment cardiomyotomy for relief of the symptoms of achalasia.

Patients and Methods:

From 1997 to 2009, 41 patients (22 men, 19 women) with achalasia underwent cardiomyotomy. Patients were divided into 2 groups [short-segment group (SSG) and long-segment group (LSG)]. SSG include 22 patients with laparotomy and 8-cm short-segment myotomy and Dor fundoplication. LSG includes 19 patients with thoracotomy and 12-cm long-segment myotomy and Belsey partial fundoplication.

Results:

Median follow up was 48 months (range: 12–70 months). Postoperative dysphagia improved in 20 patients in SSG and in 17 patients in LSG (P < 0.001). Slow emptying sensation improved in 19 patients in SSG and in 16 patients in LSG postoperatively (P < 0.001). Heartburn was present in 2 patients in SSG and 3 patients in LSG postoperatively (P = 0.179). Radiologically, barium stasis decreased significantly from 88% to 25% in SSG and from 85% to 30% in LSG. The lower esophageal sphincter (LES) gradient decreased from 32 to 10 mmHg in SSG and from 34 to 14 mmHg in LSG (P < 0.001).

Conclusions:

Short-segment cardiomyotomy reduces the LES gradient and relieves obstructive symptoms.

Keywords: Achalasia, dysphagia, esophagus, fundoplication, gastroesophageal reflux