

Peroral Endoscopic Myotomy (POEM)
can be a safe and effective treatment
for achalasia in the elderly: A single
unit tertiary experience

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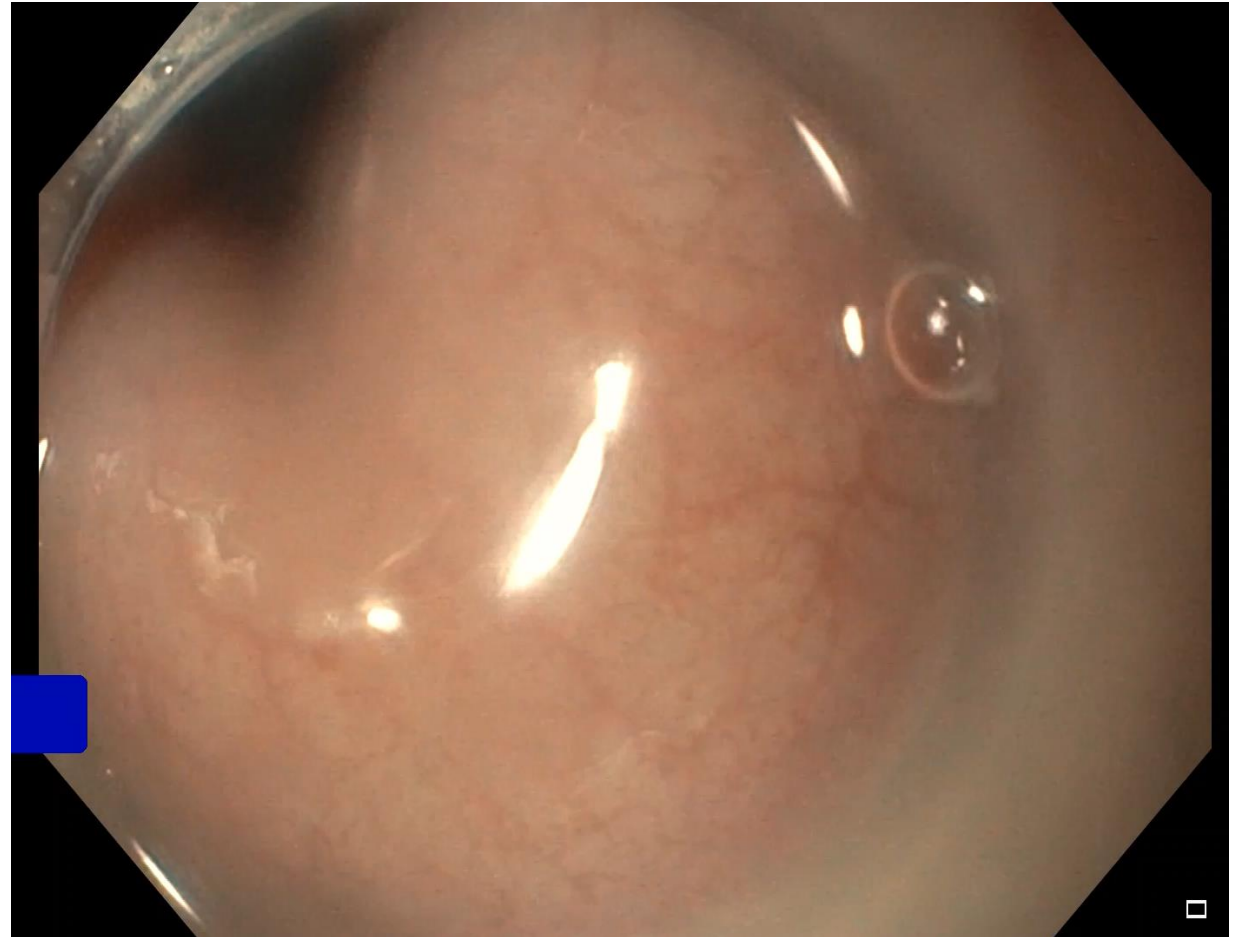


Background

- Achalasia is a rare motility disorder
- Incidence rate of 0.77 to 1.35 per 100,000
- Prevalence 1.41 to 4.60 per 100,000
- Affects all patient age groups
- Incurable disease that can lead to dysphagia, regurgitation, chest pain, aspiration and pneumonia
- Debilitating symptoms – particularly in the elderly

Changing landscape

- Traditionally At CCDHB laparoscopic Heller myotomy had been the standard of care for achalasia
- POEM was introduced in 2017 and has quickly replaced LHM as the preferred treatment option
 - Shorter operative times
 - Reduced length of stay
 - More cost effective
 - Reduced morbidity



Options for achalasia in the Elderly

- Max age Heller's myotomy 77 years.
- Reluctance in the elderly due to concerns of perforation
 - Dilatation 4%; Hellers 7%¹
- Genaro et al² - >60% of patients over 75 were left untreated
- Consensus guidelines
 - Botox first line³
 - Unstained clinical response with diminishing returns
- ASGE – 82-100% at >12 months post procedure
- A large data set⁴ on safety demonstrated a 3.2% serious adverse event rate with POEM with a mean age of 50.5+/-14.1 years

Existing data on POEM in elderly

An international multicenter study evaluating the clinical efficacy and safety of per-oral endoscopic myotomy in octogenarians



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Existing data on POEM in elderly

Effect of peroral endoscopic myotomy in geriatric patients: a propensity score matching study

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Aim of study

Review all cases of POEM at
CCDHB

Compare outcomes – Eckardt
and safety outcomes in elderly
compared to younger patients
in a single low volume setting

Methods



Retrospective analysis



All POEM procedures performed until August 2019



defined as \geq 80 years of age



Data collected

Age, Previous interventions, Pre- and post-myotomy Eckardt score, complication rates, total procedure time, length of stay



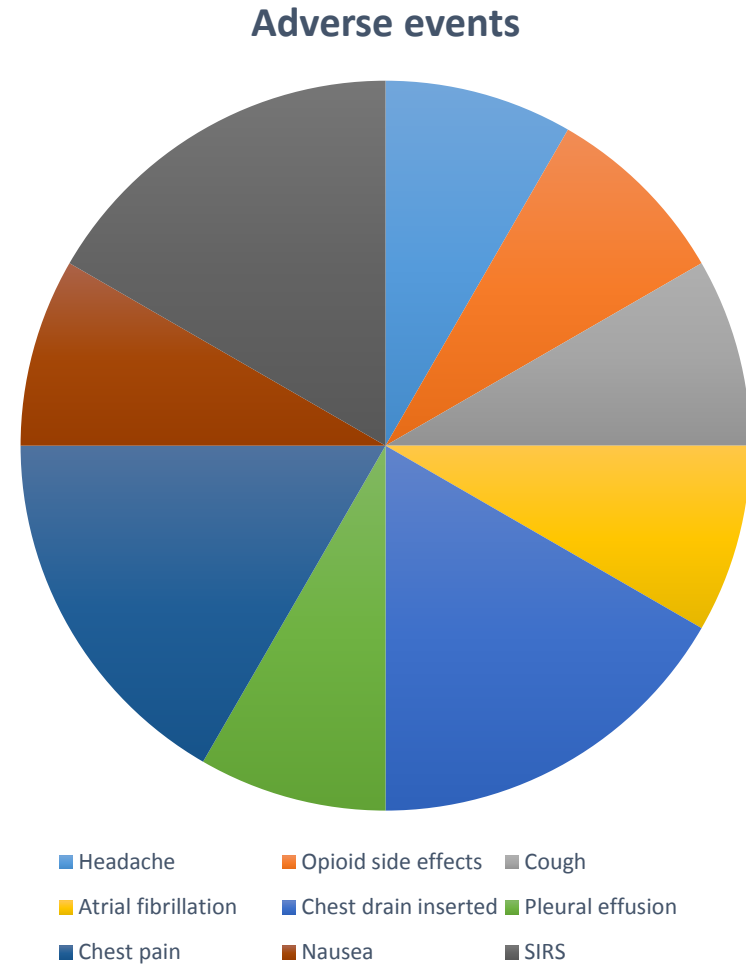
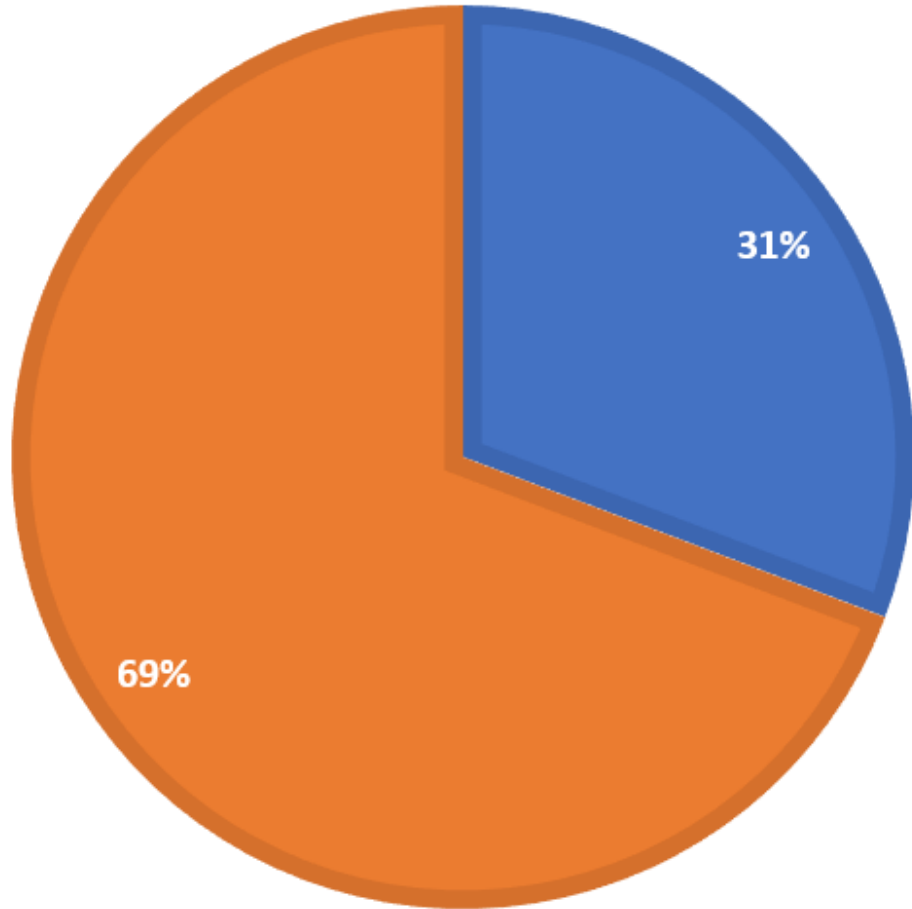
Findings

- 26 Procedures
- Age range of 15 – 91, mean age 55.3 years
- 4 patients (15.45%) over 80 years of age, with the oldest patient being 91
- Type 2 achalasia was most common
 - 4/4 over the age of 80
- Of those patients only 25/26 have documented 3 month reviews

Findings

	Age <80	Age>80
Mean pre-myotomy Echardt score	7.9	6.75
Mean post-myotomy Echardt score	0.5	0.5
Prior intervention	32%	50%
Mean length of stay (nights)	1.68*	1.5
Mean operative time (mins)	50.00	40.25
30 day complication rate (no,%)	2 (9%) – two patients had chest drains inserted for leak concerns	0 (0%)

Adverse Events Breakdown



Case

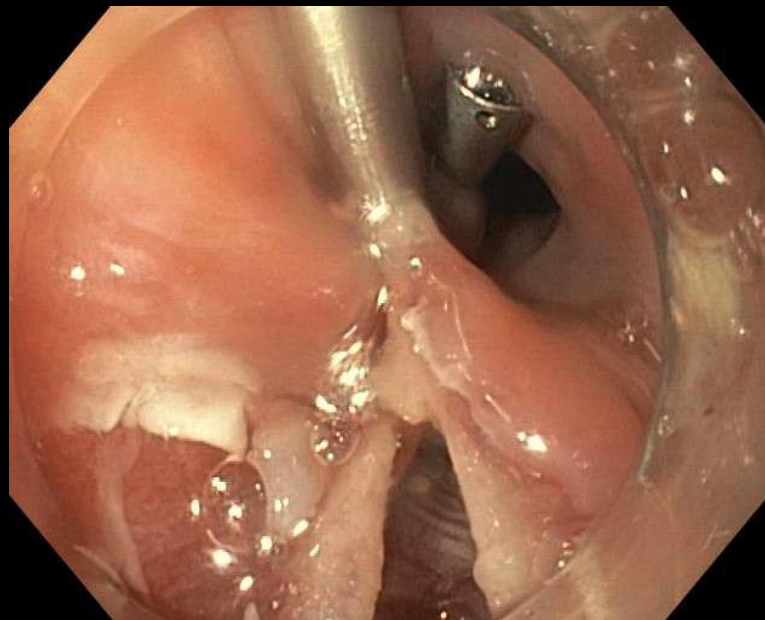
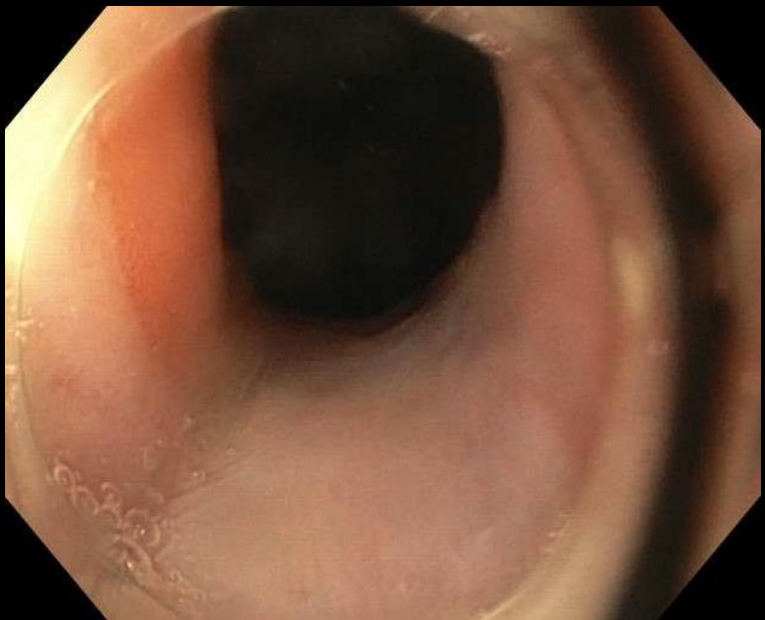
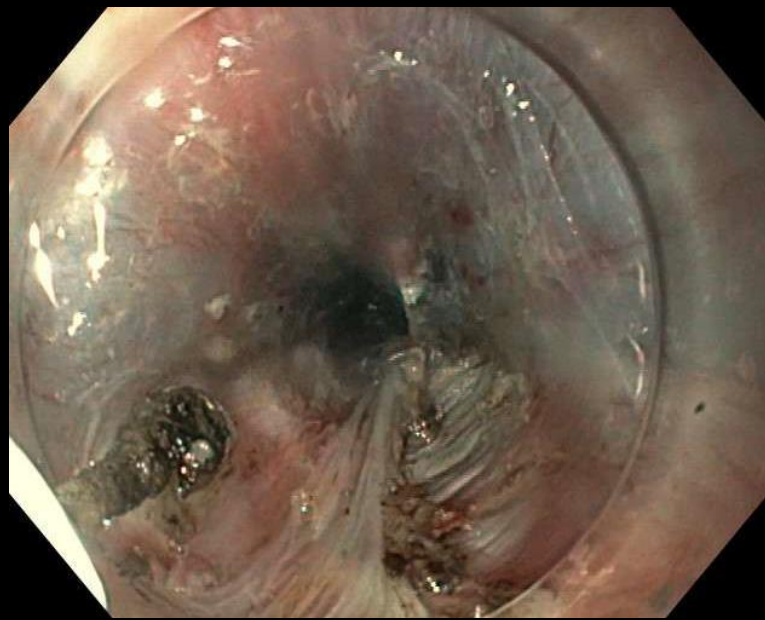
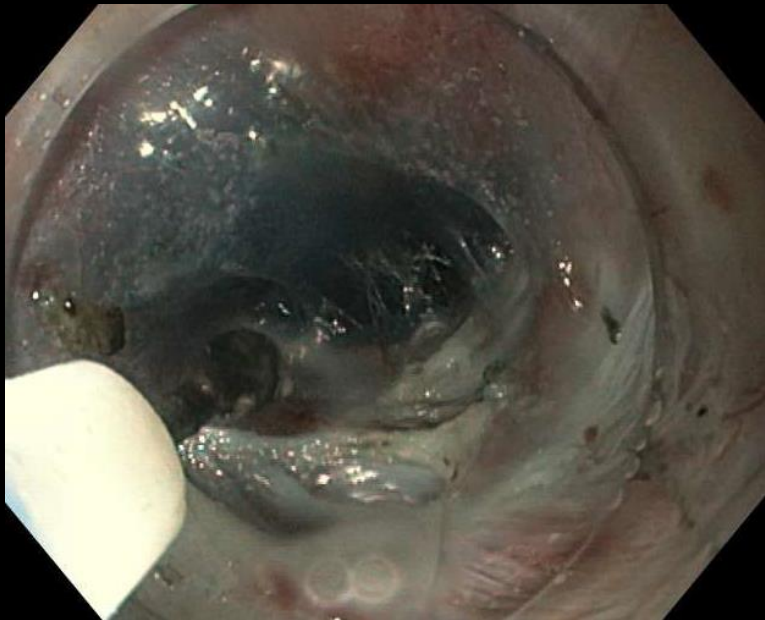
- 91F admitted in March with 3 month history of progressive dysphagia and weight loss
- Barium swallow – highly suggestive of achalasia
- OGD performed
 - Hypertonic LES
 - Botox injected
 - Balloon dilatation performed to 18mm
- Repeat OGD performed 1 week later
 - Botox injection
 - Balloon dilatation performed to 20mm





Case

- Risk/benefit of POEM particular given age and co-morbidities
- Anaesthetic pre-assessment
- Further gastroscopy 2 months later
 - 100 units of Botulinum toxin
 - CRE balloon dilator to 20mm
- Manometry – Type 2
- OPD assessment: No longer enjoying food, anxiety around eating with other residents in communal dining area
 - Eckardt Score 5 (D3R0CP1WL1)



Follow up



3 month review on the 25th of November 2019



Eckardt score 0



No longer has social anxiety at meal times

Limitations

- Small numbers
- Single proceduralist
- Limited follow up
 - Awaiting 1 year, 5 year and 10 year data

Conclusion

- Tolerability of GA
- Tolerability of Adverse effects
- Elderly patients were more likely to have had an alternative intervention trialled
- Our experience – in keeping with reported data - no major safety concerns
- Achalasia results in debilitating symptoms which POEM can address resulting in potentially significant improvement in QOL, particularly for elderly patients

References

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