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Endoscope guided pneumatic dilatation of achalasia cardia: Efficacy outcomes and complications at a single tertiary care center

## Mohammed Noufal B, Venkateswaran A R, Kani Shaikh , Ratnakar Kini, Prem Kumar K, Pugazhendhi T, Radhakrishnan N, Thinakar Mani B and Sibithooran K

Institute of Medical Gastroenterology, Madras Medical College, India

**Introduction:** Pneumatic dilation (PD) is considered to be the first line nonsurgical therapy for achalasia. The principle of the procedure is to weaken the lower esophageal sphincter by tearing its muscle fibers, thereby generating radial force which is done endoscopically without fluoroscopic control, using a low-compliance balloon such as Rigiflex dilator. It has the advantage of determining mucosal injury during the dilation process, so that repeat endoscopy is not needed to assess the mucosal tearing.

**Aim:** To study the series of cases of achalasia cardia, managed by pneumatic dilatation and observe their efficacy, outcomes and complications presenting in our center (Rajiv Gandhi Government General Hospital) during the period of July 2015 to 2017.

**Methods:** 27 cases of achalasia cardia which are presented to our center (RGGGH) during July 2015 to 2017 and managed by endoscope guided pneumatic dilatation were retrospectively analyzed and their outcomes were observed.

**Results:** 25 of 27 patients with achalasia presented with dysphagia for solids or liquids. 20 patients had regurgitation and vomiting. Weight loss of more than 5 kg was observed in 10 patients. History of nocturnal cough was present in 7 patients. 35 dilatations were performed in 27 patients. All patients had relief of dysphagia and regurgitation within 24 hours. Barium swallow within a week of dilatation showed a decrease in the maximum diameter of the esophagus from  $42.4\pm11.4$  mm to  $30.5\pm10.5$  mm and increase in the diameter of the narrowed lower segment from  $2.45\pm1.5$  mm to  $11.4\pm2.2$  mm. None of the patients showed a hold up of barium after dilatation. 20 patients complained of retrosternal pain during procedure but none persisted for 24 hours. No perforations were encountered during the study. There was no procedural mortality.

**Conclusion:** Endoscope-guided PD is an efficient and safe nonsurgical therapy with results comparable to other treatment modalities.

## **Biography**

Mohammed Noufal B has completed his MBBS and MD Internal Medicine from The Tamil Nadu Dr. MGR Medical University. He is currently pursuing his Postgraduate course, DM in Medical Gastroenterology at the Madras Medical College Chennai, India. He has published papers in reputed journals and conducted various research studies.

drnoufaldm@gmail.com

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