Clinical Remission: A Novel Grading System for Achalasia

Achalasia is a chronic disorder characterized by the progressive loss of lower esophageal sphincter (LES) function, which results in the reflux of both food and gastric contents into the esophagus. This condition is often characterized by a long history of dysphagia and regurgitation, and the management of symptomatic achalasia is complex. Various treatment modalities have been proposed, ranging from pharmacological interventions to surgical interventions. The goal of treatment is to achieve clinical remission, defined as the relief of dysphagia and regurgitation with no recurrence of symptoms for at least a year.

In the study by Cuillière et al., a novel grading system was proposed for the assessment of clinical remission in patients with achalasia. This system was designed to provide a systematic and objective approach to evaluating the outcomes of treatment. The grading system is based on the assessment of dysphagia and regurgitation symptoms, as well as the evaluation of the LES function using manometry and pH monitoring. The results of this grading system showed a high degree of interobserver agreement and were consistent with the clinical course of the disease.

In conclusion, the proposed grading system provides a reliable and objective method for assessing clinical remission in patients with achalasia. This system can help clinicians to better evaluate the outcomes of treatment and to make informed decisions about the management of this chronic disorder. Further studies are needed to validate the system and to evaluate its impact on patient outcomes and quality of life.

References:
Botulinum toxin should now be considered as a possible alternative for other accepted treatment modalities—for example, pneumatic dilatation and standard or keyhole surgery. Because of the simplicity and safety of the technique, the procedure may be performed on an ambulatory basis, which would make it an attractive, low cost alternative. Before taking botulinum toxin injections as a valid alternative treatment of achalasia, we need a formal comparative trial of botulinum toxin and pneumatic dilatations as well as more data on the long term efficacy of botulinum toxin. A follow up period of six months to two years is not long for a condition such as achalasia, which is known to deteriorate considerably 10 and 20 years after surgery. One also would want to know whether repeated injections of botulinum toxin will be required and, if so, whether this will be devoid of unwanted side effects, related to the possible transport of the toxin to the spinal cord or brain stem by retrograde axonal migration. It may take several years before these validation studies are completed. At present, however, there is no reason not to use botulinum toxin injections as the initial treatment of achalasia. If a course of two or three injections seems to be ineffective or is followed by repeated relapses, pneumatic dilatation or, in some cases, myotomy is indicated. Routine long term treatment with repeated injections should await more data on efficacy and safety.

G VANTRAPPEN

Division of Gastroenterology, University Hospital Gasthuisberg, Herestraat 49, B-3000 Leuven, Belgium

Being toxic to the oesophagus.

G Vantrappen

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