Case-based Discussion

UGS-VI. Achalasia and POEM

Peroral Endoscopic Myotomy for Treatment of Guillain-Barre Syndrome Associated Achalasia

Kyoung Oh Kim, M.D.
Department of Internal Medicine, Gachon University Gil Medical Center, Incheon, Korea

Age and Gender: 30/ male

Chief Complains: Dysphagia, regurgitation

Present Illness:
A-30-year-old man was referred to our department because of dysphagia and meal related regurgitation. 3 months ago, he had suffered from progressive quadriparesis with dysarthria, and with the characteristic protein-cell count differentiation assessed by cerebrospinal fluid analysis and nerve conduction studies, a diagnosis of the Guillain-Barre syndrome (acute inflammatory demyelinating polyneuropathy) was made.

Past History: Guillain-Barre syndrome

Family History: None

Physical Examination and Laboratory Findings: Quadriplegia with dysarthria

Endoscopic and Radiologic Findings:
Dilatation of the esophageal lumen and retention of food remnant in esophagus was identified during endoscopy. Subtle dilated distal esophageal lumen with acute tapering at the lower esophageal sphincter and narrowing at the esophagogastric junction was shown in esophagography.

Hospital Progress:
Peroral endoscopic myotomy (POEM) by utilizing a submucosal tunneling technique was successfully performed. After the end of treatment, smooth passage of contrast into the stomach was shown in follow-up esophagography, and mean IRP decreased to 9.6 mmHg in follow-up HRM (D). The endoscope could be passed without resistance at 2 months after procedure. After POEM for Guillain-Barre syndrome associated achalasia, the patient with unresolved neurological problems remained without dysphagia for 5 months.