Achalasia

Diagnosis, subtype-directed definitive therapy, and post-treatment assessment of achalasia.

2020 ACG Clinical Guideline
Diagnosis & Management of Achalasia
Vaezi et al. · Am J Gastroenterol 2020;115:1393-1411

GRADE Strong Rec Conditional Rec

1 Diagnosis & Assessment

STATEMENT	GRADE
Suspected GERD **not responding to acid suppression**: evaluate for achalasia	1 · Strong
Esophageal pressure topography preferred over conventional line tracing for diagnosis	1 · Strong
Chicago Classification subtyping may inform prognosis and treatment choice	2 · Conditional

Treatment by subtype — PD, LHM, and POEM are comparably effective for **type I/II**; **POEM is favored for type III**; botulinum toxin is reserved for patients unfit for definitive therapy.

2 Initial Definitive Therapy Selection

STATEMENT	GRADE
POEM or PD: comparable symptomatic improvement for types I/II	2 · Conditional
POEM and LHM: comparable symptomatic improvement across achalasia	1 · Strong
Tailored POEM or LHM for type III — more efficacious than PD	1 · Strong
PD superior to medical therapy for symptom and physiologic (emptying) outcomes	1 · Strong
PD and LHM are equivalent effective short- and long-term definitive procedures	1 · Strong

3 Botulinum Toxin & Surgical Fundoplication

STATEMENT	GRADE
LHM preferred over botulinum toxin in patients fit for surgery	1 · Strong
Botulinum toxin first-line for patients unfit for definitive therapy, vs other pharmacologic options	1 · Strong
Prior botulinum toxin **does not significantly affect** myotomy performance/outcomes	2 · Conditional
Myotomy + fundoplication superior to myotomy alone for controlling distal esophageal acid exposure	1 · Strong
Dor or Toupet fundoplication both acceptable to control acid exposure with surgical myotomy	2 · Conditional
Against stent placement for long-term dysphagia management	1 · Strong

4 Post-Therapy Assessment

STATEMENT	GRADE
Against routine gastrografin esophagram after dilation — reserve for suspected perforation	1 · Strong
Eckardt score or HRM alone should not define treatment failure for recurrent symptoms	1 · Strong
Timed barium esophagram (TBE) as the first-line test for continued/recurrent symptoms	1 · Strong
POEM associated with higher GERD incidence vs LHM+fundoplication or PD	1 · Strong

5 Failed Initial Therapy & Cancer Surveillance

STATEMENT	GRADE
PD is appropriate/safe for retreatment post-initial myotomy or POEM	1 · Strong
POEM is a safe option after prior PD or LHM	1 · Strong
Heller myotomy before esophagectomy if failed PD/POEM, favorable anatomy, incomplete myotomy evidence	1 · Strong
Esophagectomy in surgically fit patients with megaesophagus who failed other interventions	1 · Strong
Against routine endoscopic surveillance for esophageal carcinoma in achalasia	1 · Strong

Vaezi MF, Pandolfino JE, Yadlapati RH, Greer KB, Kavitt RT. ACG Clinical Guidelines: Diagnosis and Management of Achalasia. *Am J Gastroenterol.* 2020;115(9):1393-1411.