

Current Approach to Dysphagia: A Review Focusing on Esophageal Motility Disorders and Their Treatment



- Elevada **prevalência** (20-50%)
- Elevada **morbilidade**
- Marcada **heterogeneidade**:
 - Epidemiológica
 - Etiológica
 - Clínica
 - Psicossocial
- Potencial impacto marcado na **qualidade de vida**

- Sinal de **alarme** → Endoscopia alta
- Após exclusão de causa estrutural
- Potencial **distúrbio da motilidade esofágica**
- Classificação manométrica bem estabelecida

↳ **MAS**

- Quem tratar?
- Quais as opções terapêuticas?
- Como avaliar gravidade e impacto na qualidade de vida?

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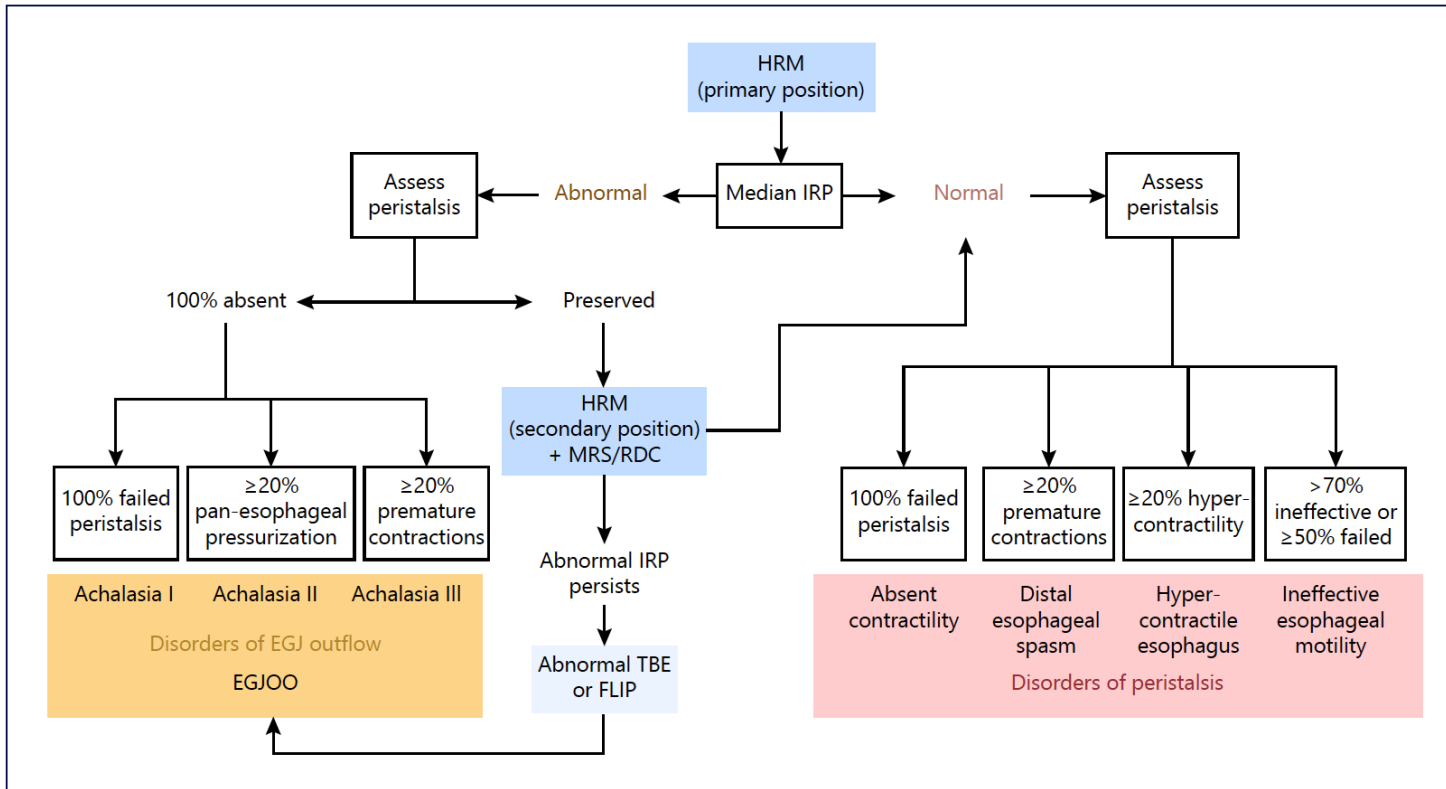


Fig. 2. CC v4.0 for esophageal motility disorders. HRM, high-resolution manometry; IRP, integrated relaxation pressure; MRS, multiple rapid swallow; RDC, rapid drink challenge; EGJ, esophagogastric junction; EGJOO, esophagogastric junction outlet obstruction; TBE, timed barium esophagogram; FLIP, functional lumen imaging probe.

Objetivos:

- Revisão dos distúrbios da motilidade esofágica e respetiva abordagem diagnóstica e terapêutica
- Revisão das opções terapêuticas atualmente disponíveis
- A importância dos *Patient-Reported Outcomes* na avaliação da gravidade da disfagia e na personalização do tratamento

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Apesar dos avanços recentes na abordagem diagnóstica, a **abordagem terapêutica** ainda se encontra pouco definida e uniformizada.

Os autores apresentam de forma hierárquica as opções terapêuticas sugeridas em função do **distúrbio da motilidade esofágica diagnosticado**.

Uma **abordagem personalizada e com foco em Patient-Reported Outcomes** deverá ser sempre considerada pela natureza benigna das patologias em estudo.

Achalasia	Esophagogastric junction outflow obstruction	Spastic motor disorders	Hypomotility disorders
		Distal esophageal spasm	Ineffective esophageal motility
		Hypercontractile esophagus	Absent contractility
If a surgical candidate:	Idiopathic EGJOO (with moderate to severe symptoms):	Smooth muscle relaxants	Dysphagia lifestyle modification
POEM	Botulinum toxin	Botulinum toxin	Prokinetic agents (<i>Prucalopride-investigational</i>)
Laparoscopic Heller myotomy		If concomitant reflux symptoms:	If concomitant reflux symptoms:
Pneumatic dilation	Refractory symptoms:	PPI	PPI
	Pneumatic dilation		
Refractory symptoms after initial treatment:	Standard endoscopic dilation	If predominant NCCP:	If predominant NCCP:
Pneumatic dilation	POEM	Neuromodulators	Neuromodulators
Myotomy (POEM or LHM)	Smooth muscle relaxants	Cognitive behavioural therapy	Cognitive behavioural therapy
If not surgical candidate:	Secondary EGJOO:	Refractory symptoms:	
Botulinum toxin	Treatment of underlying etiology	Pneumatic dilation	
Smooth muscle relaxants (<i>low efficacy</i>)	PPI (<i>if concomitant reflux symptoms</i>)	POEM	
		Extended surgical myotomy	

Fig. 3. Treatment options in patients with esophageal motility disorders. CCB, calcium channel blockers; EGJOO, esophagogastric junction outlet obstruction; LHM, laparoscopic Heller myotomy; NCCP, noncardiac chest pain; POEM, peroral endoscopic myotomy; PPI, proton pump inhibitor.