

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



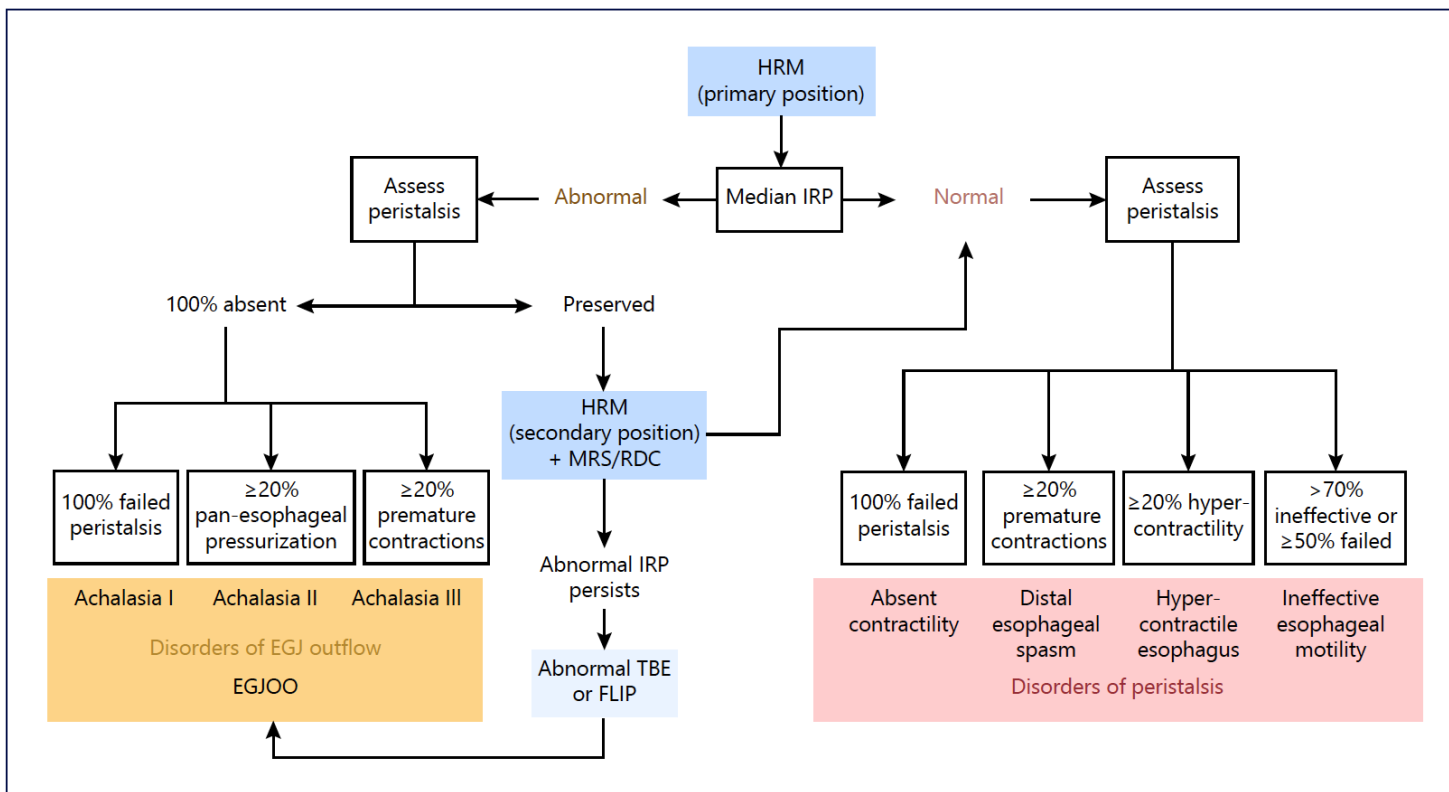
- Elevada **prevalência** (20-50%)
- Elevada **morbilidade**
- Marcada **heterogeneidade**:
  - Epidemiológica
  - Etiológica
  - Clínica
  - Psicossocial
- Potencial impacto marcado na **qualidade de vida**

- 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?

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



**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; EGJO, 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

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

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