

Management of Esophageal Perforations During Achalasia Treatment – Experience of the General and Esophageal Surgery Clinic, Sf Maria Hospital

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Abstract

Introduction: Achalasia is a motility disorder characterized by the absence of optimal relaxation of the lower esophageal sphincter (LES) with swallowing and lack of peristalsis of the esophageal body. Excepting temporary medical options, the treatment aims to lower the LES pressure by endoscopic or surgical means. Either method involves a risk of perforation. We analyzed the management of esophageal perforations in patients who received treatment for achalasia.

Material and Method: we conducted a retrospective study of patients with achalasia hospitalized and treated in the Clinic of General and Esophageal Surgery within the Sf. Maria Clinical Hospital in Bucharest between January 2016 and December 2021.

Results: There were 57 patients, 35 men, with a mean age of 50 years and a mean duration of symptoms of 35 months. Almost all (91.89%) patients presented with dysphagia. Preoperative manometry was performed in 52 patients, of whom 17 were type I, 35 were type II. The treatment was laparoscopic Heller eso-cardiomyotomy (LHM) in most cases (55), with Dor anterior fundoplication. There were 10 recurrent cases after dilation or surgery in another medical unit. There were 3 mucosal perforations after LHM. The treatment varied from simple suture to a combined endoscopic and surgical approach, involving the use of esophageal stent, abscess drainage, and feeding jejunostomy. We also present the management of two cases of esophageal perforation after endoscopic dilation, in which the support of the surgical team was necessary.

Conclusion: Esophageal perforation in the treatment of achalasia, either endoscopic or surgical, requires immediate identification and treatment to provide the best chance of favorable evolution. The treatment of achalasia is indicated to be performed in dedicated centers, prepared even in case of complications.

Key words: achalasia, esophageal perforation, Heller myotomy, pneumatic dilation, Dor fundoplication