Chirurgia (Bucur). 2014;109(5):604-607

Laparoscopic Treatment in Achalasia of the Cardia

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Abstract
Background: Achalasia, although a rare disease (an incidence of 1/100 000 individuals each year) is one of the common causes of motor dysphagia and is characterized by loss of peristalsis in the esophageal body and lack of relaxation of the lower esophageal sphincter.
Aim: The aim of our study was to perform a clinical, therapeutic and evolution evaluation in patients diagnosed with achalasia and operated in our department between 1997 and 2013.
Material and Methods: We performed a retrospective study using the clinical charts, operatory protocols, imagistic and video database of the 17 patients with achalasia operated in our department.
Results: We encountered an equal repartition in women and men and a predominance of urban provenience. Ages were between 24 and 86 years (with an average age of 51). There were two cases of recurrent achalasia at 2, respectively 5 years after the first operation. In all cases, Heller myotomy was used, with the addition of a Dor fundoplication in 12 cases and Toupet fundoplication in five cases, as an anti-reflux procedure. Mean operation time was 117.6 minutes. There were three iatrogenic perforations of the esophageal mucosa, all of them recognized and treated in the same operative time. No postoperative complications related to the Heller-Dor/Heller-Toupet procedure were encountered. The follow-up was between 3 and 72 months.
Conclusions: Laparoscopic approach in the treatment of achalasia provides the advantages of minimally invasive surgery, but also and very important, a good visualization of the abdominal esophagus and gastroesophageal junction. Heller esocardiomyotomy is usually associated with an antireflux procedure. A Dor fundoplication is generally used, although the Toupet fundoplication may also be used with the same advantages. It is important to monitor these patients on a yearly basis, knowing the risk of dysplasia/carcinoma in achalasia.
Key words: achalasia, inferior esophageal sphincter, dysphagia, esocardiomyotomy, fundoplication

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