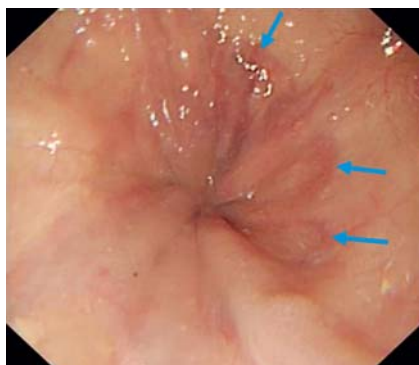


Peroral endoscopic myotomy after transjugular intrahepatic portosystemic shunt and variceal embolization for a patient with achalasia and esophageal varices

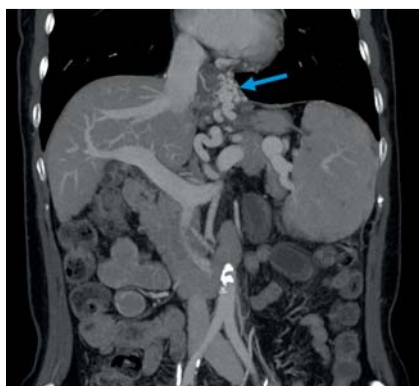
OPEN
ACCESS



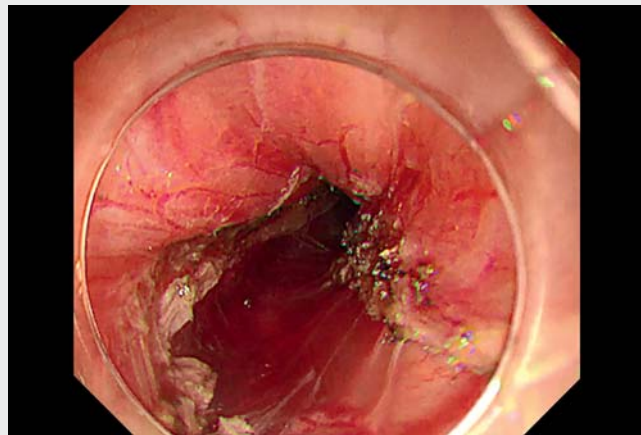
► **Fig. 1** Esophagram showed a dilated esophagus with significant delay of barium passing.



► **Fig. 2** Endoscopy detected varices in the lower esophagus (blue arrow).



► **Fig. 3** Abdominal computed tomography angiography showed esophageal varices (blue arrow).

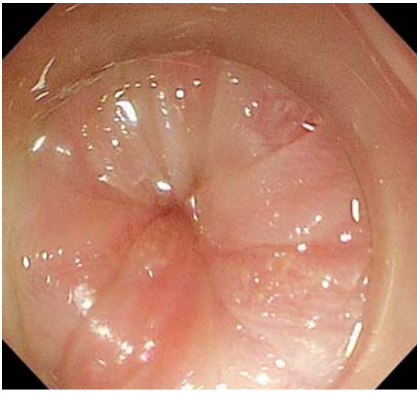


► **Video 1** Peroral endoscopic myotomy after transjugular intrahepatic portosystemic shunt and variceal embolization for a patient with achalasia and esophageal varices.

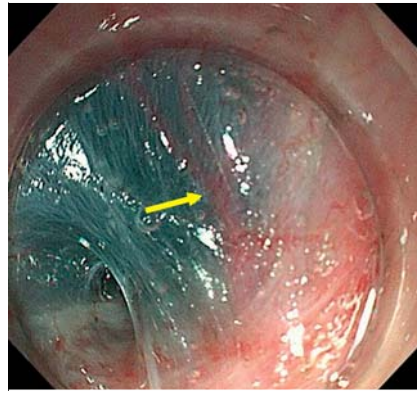
A 54-year-old woman with achalasia was referred to our hospital for peroral endoscopic myotomy (POEM). She complained of dysphagia, regurgitation, vomiting, chest pain, and a weight loss of 10 kg in the past two years. Her body mass index was 17.03 kg/m². She was diagnosed with hepatitis B-related cirrhosis 2 years earlier. Esophagram showed a dilated esophagus with a significant delay of barium passing (► **Fig. 1**). Endoscopy showed an obvious dilated esophagus and persistently closed cardia with varices in the lower esophagus (► **Fig. 2**). Abdominal computed tomography (CT) angiography detected liver cirrhosis and gastroesophageal varices (► **Fig. 3**). Considering the high risk of bleeding during POEM, a transjugular intrahepatic portosystemic shunt (TIPS) and variceal embolization were implemented with the patient's informed consent, after which the portal venous pressure gradient was reduced from 16 mmHg to 8 mmHg, and gastroesophageal varices also disappeared under angiography. Endoscopy after 2 months confirmed that the

esophageal varices were no longer visible (► **Fig. 4**), and therefore the POEM procedure was performed (► **Video 1**). During the procedure, several blood vessels were still encountered (► **Fig. 5**), but they were easily treated using high frequency electrocoagulation. After the POEM procedure, the patient's symptoms obviously improved. The patient was doing well at her 1-year follow-up. It is technically challenging for endoscopists to implement POEM in patients with esophageal varices [1]. The high risk of bleeding and difficult operation usually caused POEM to be abandoned [2]. In this case, treatment of varices by TIPS plus variceal embolization effectively reduced the risk of bleeding and enhanced the operability of POEM. Our experience suggests that POEM with prior TIPS plus variceal embolization could be an effective and safe treatment strategy for achalasia with esophageal varices.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AG



► **Fig. 4** Esophageal varices became invisible under endoscopy after transjugular intrahepatic portosystemic shunt and variceal embolization.



► **Fig. 5** Blood vessels encountered during peroral endoscopic myotomy (yellow arrow).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)
Georg Thieme Verlag KG, Rüdigerstraße 14,
70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at <https://mc.manuscriptcentral.com/e-videos>

Competing interests

The authors declare that they have no conflict of interest.

The authors

Wenjuan Yang, Liansong Ye, Chengwei Tang, Bing Hu, Zhe Feng

Department of Gastroenterology, West China Hospital, Sichuan University, China

Corresponding author

Zhe Feng, MD

Department of Gastroenterology, West China Hospital, Sichuan University, No. 37, Guoxue Alley, Wuhou District, Chengdu City, Sichuan Province, China
fengzhe1002@163.com

References

- [1] Urakami S, Tanaka S, Kodama Y. Peroral endoscopic myotomy for achalasia with esophageal varices. *Dig Endosc* 2021; 33: e91–e92
- [2] Pesce M, Magee C, Holloway RH et al. The treatment of achalasia patients with esophageal varices: an international study. *United European Gastroenterol J* 2019; 7: 565–572

Bibliography

Endoscopy 2023; 55: E20–E21
DOI 10.1055/a-1929-9364
ISSN 0013-726X
published online 16.9.2022
© 2022. The Author(s).