Swallow syncope and high-resolution esophageal manometry

Sir,

I read with great interest the recent case study by Garg *et al*. on swallow syncope.[1] I really appreciate the authors for this important study and excellent outcomes of three different clinical pictures of patients with swallow syncope. In the present article, the authors postulated that esophageal disorders might alter sensory pathways from the esophagus to central nervous system leading to syncope. The authors postulated that esophageal disorders might alter sensory pathways from the esophagus to central nervous system leading to syncope. The issue of concern here is that the place of high-resolution esophageal manometry (HRM) to define the changes in harmony of esophageal function and vagal activity in those patients. Syncope and vagal response might be linked to changes in fundus or lower esophageal pressure (LES) or LES shortening or esophageal lengthening.[2] That is why HRM should be considered to explain the role of esophageal activity on central nervous system leading to syncope and help in determination of further diagnostic workup.

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