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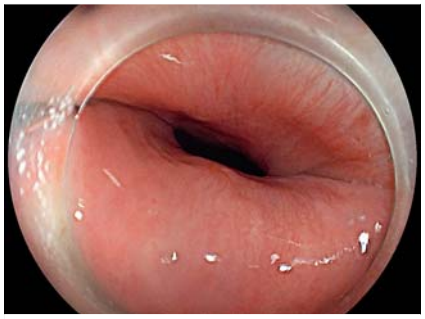
Cricopharyngeal peroral endoscopic myotomy for achalasia of the cricopharynx: "to do or not to do"

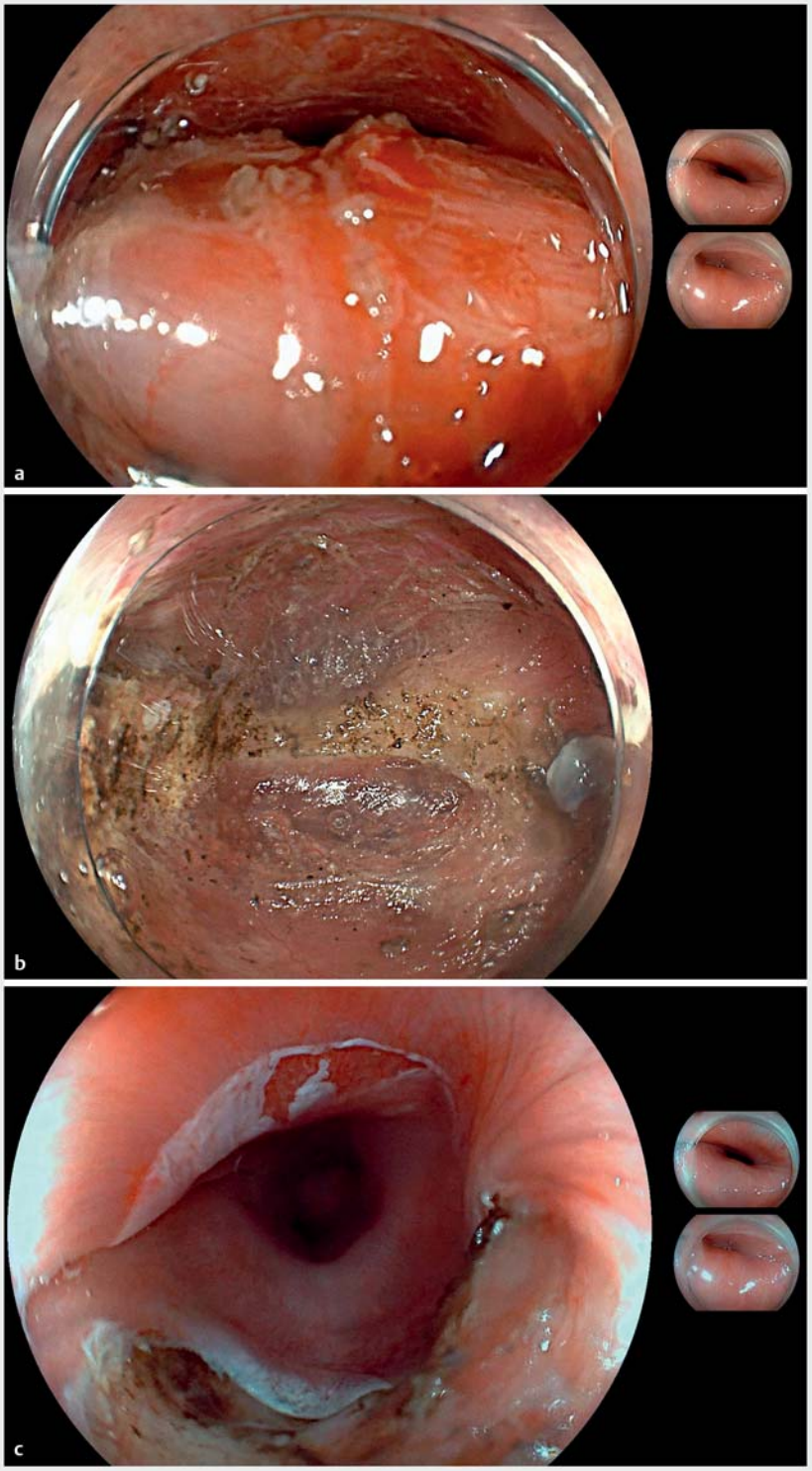


▶ **Fig. 1** Cricopharyngeal bar.

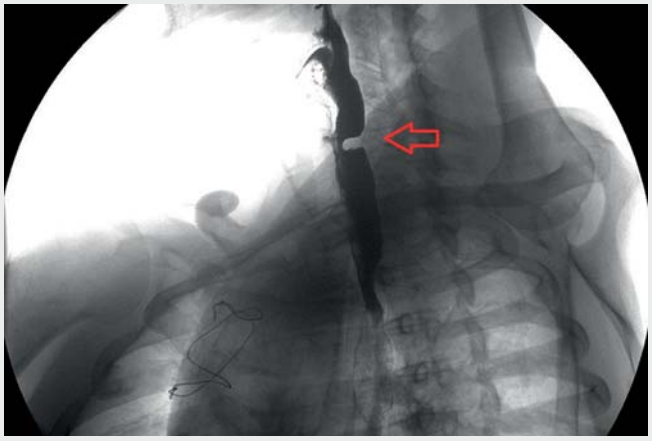
Cricopharyngeal achalasia is a rarely reported [1] entity traditionally treated by surgery [2]. The video shows two cases referred to our unit for cricopharyngeal peroral endoscopic myotomy (C-POEM).

The first case was a 40-year-old woman with a 2-year history of cervical dysphagia requiring enteral feeding. Previous gastroscopy, barium transit, and high resolution manometry (HRM) were compatible with cricopharyngeal achalasia. A neck ultrasound and computed tomography (CT) without intravenous contrast supported the diagnosis. During the endoscopy for C-POEM, an upper compression that flattened with the endoscope and presented a beat was observed. An urgent angio-CT diagnosed the patient with lusoria dysphagia. Therefore, no endoscopic treatment was performed and the patient was referred for vascular bypass surgery.

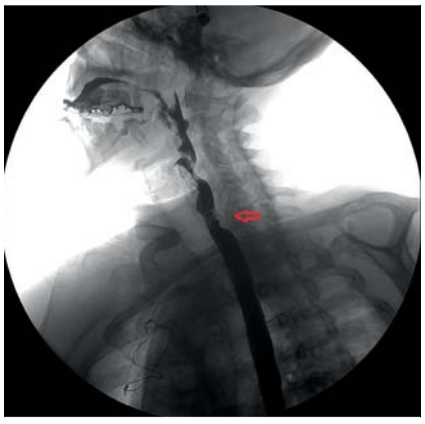
The second case was an 83-year-old man with upper dysphagia and laryngeal microaspirations. Barium transit showed an upper posterior imprint (▶ **Video 1**) and HRM was compatible with cricopharyngeal achalasia. At gastroscopy, it was not possible to pass the upper esophageal sphincter. A CT scan with contrast ruled out extrinsic compressions. The patient was reluctant to undergo therapeutic maneuvers and accepted a treatment with botulinum toxin, which subsequently worsened the symptoms. Videoradiology and a new manometry reaffirmed the diagnosis of cricopharyngeal achala-



▶ **Fig. 2** Myotomy of the cricopharyngeal bar. **a** Exposed cricopharyngeal bar. **b** Complete cricopharyngeal bar myotomy. **c** Disappearance of the bar from the esophageal lumen after myotomy.



Video 1 Cricopharyngeal peroral endoscopic myotomy (C-POEM) is a feasible treatment for cricopharyngeal achalasia without associated Zenker's diverticulum, although it requires an adequate diagnosis and exclusion of other causes of upper dysphagia.



▶ **Fig. 3** Normal barium transit the day after myotomy.

sia. Finally, the patient agreed to undergo C-POEM.

After initial tunneling without cap owing to the limited space, a myotomy of the cricopharyngeal bar (▶ **Fig. 1**) was performed with subsequent closure of the mucosotomy with clips (▶ **Fig. 2**). The patient experienced immediate symptomatic improvement that was confirmed by barium transit (▶ **Fig. 3**), and remained asymptomatic after 5 months.

Cricopharyngeal achalasia without Zenker's diverticulum requires careful diagnosis to exclude other pathologies [3, 4]. The limited space due to the cricopharyngeal bar can make endoscopic diagnosis and treatment difficult. Working without a cap at the beginning of the procedure led to successful completion of the myotomy.

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Competing interests

The authors declare that they have no conflict of interest.

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