EGJ outflow obstruction must be excluded in patients with high IRP and weak peristalsis

To the Editor,

We read the recently published article by Young et al. (1) with great interest. They aimed to evaluate whether unclassifiable groups can now be classified according to the recent Chicago Classification system, and they defined a group as variant achalasia. We thank Young et al for this valuable study; however we believe that some points require clarification.

First, they categorized 37 patients with hypotensive (weak) peristalsis with high integrated relaxation pressure (IRP) as having variant achalasia. However, in the recent Chicago Classification system, high IRP with some instances of intact or weak peristalsis such that the criteria of achalasia are not fulfiled are defined as esophagogastric junction (EGJ) outflow obstruction (2). Thus, in this article, the majority of the patients defined as having variant achalasia appear to have EGJ outflow obstruction. Secondly, in this retrospective study, the endoscopic findings of these patients were not determined. It is known that, EGJ outflow obstruction may be caused due to achalasia, wall stiffness resulting from an infiltrative disease, or a manifestation of hiatal hernia (2). Because of the possible unintended consequences of infiltrative diseases, it would be better to not define such patients as having achalasia. In addition to these suggestions, we believe that endosonographic imaging of LES must be performed on the patients with these conditions.

In conclusion, we believe that patients with weak peristalsis and elevated IRP should be preferably defined as having EGJ outflow outflow obstruction rather than variant achalasia, and they must be evaluated carefully to exclude infiltrative diseases.

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