

## Long Term Outcome of Peroral Endoscopic Myotomy (POEM) in Achalasia Patients

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**Background/Aims:** Peroral endoscopic myotomy (POEM) was introduced as an alternative treatment for achalasia patients. The aim of this study was to evaluate the long term outcomes of POEM in achalasia patients. **Methods:** This is a retrospective analysis at two tertiary referral centers. A total of 12 achalasia patients underwent POEM between November 2011 and September 2012. Then the patients received periodic follow-up over 2 years. The main outcomes were Eckardt score, basal lower esophageal sphincter (LES) pressure, integrated relaxation pressure (IRP) score and procedure-related complications before and after POEM. **Results:** The length of myotomy was  $8.6 \pm 5.4$  cm. All patients showed a significant improvement in Eckardt score before and after POEM during median follow-up of 27.8 months ( $6.4 \pm 3.6$  vs.  $0.4 \pm 1.6$ ;  $p < 0.001$ ). Also, significant decrease in LES pressure and IRP was found ( $30.87 \pm 26.23$  vs.  $16.40 \pm 6.80$ ;  $p = 0.003$  and  $26.20 \pm 21.10$  vs.  $10.50 \pm 9.00$ ;  $p = 0.007$ ). Over 2 years, no symptom recurs occurred. **Conclusions:** Long term outcome of POEM for achalasia are excellent. In the future, large scale studies are needed to confirm this result.

Table 1. Primary/Secondary outcomes

	Results
Treatment success (Eckardt score $\leq 3$ ), no. (%)	73 (93.6%)
Before and after-POEM difference value of Eckardt score (mean)	$5.6 \pm 2.3$ ( $p = 0.001$ )
Before and after-POEM difference value of LES pr. (mean, mmHg)	$16.1 \pm 16.1$ ( $p = 0.003$ )
Before and after-POEM difference value of IRP (mean, mmHg)	$15.0 \pm 13.5$ ( $p = 0.001$ )

Table 2. Long-term outcome

	No. (%)
Repeat POEM	5 (6.4%)
No further treatment	73 (93.6%)
Duration of follow-up, mean (range), months	16 (1-42)

## endoscopic mucosal resection procedure of the developed rectal mucosal melanocytic nevus

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**Introduction:** There are no prior reports on the development of melanocytic nevus at the rectal mucosa, and therefore, it is unclear whether resection procedures must be performed or if close observation will be adequate. In the following sections, a case study on the discovery of a melanocytic nevus at the rectal mucosa and the removal process through endoscopic mucosal resection will be given. We believe that this study can contribute to future treatments of the formation of melanocytic nevus at the rectal mucosa. **Case Report:** A 70-year-old male with a medical history of no remarkable signs of illness has visited the hospital in 2014.01.06 for colonoscopy. During the procedure, a 1.5 cm by 1.3 cm hyperpigmented lesion was observed at the distal rectum. Biopsy was performed to the polyp at the lesion, and the acquired specimen was tested under Hematoxylin-eosin-stain and immunohistochemical stain for tumor proliferation using the Ki-67 labelling index. The Ki-67 labelling index was less than 1%, and from the results of the Hematoxylin-eosin-stain the lesion was identified as a melanocytic nevus. The patient decided to receive endoscopic resection and therefore, on 2014.11.27 prior to the surgery, colonoscopy was performed. **Discussions:** Melanocytic nevus may occur at the rectal mucosa which is generally not exposed to ultraviolet light, and such melanocytic nevus must be tested for malignant melanoma. Even if the lesion was concluded benign, either periodic monitoring or the removal of the lesion seems necessary.

