# Report egd02

## Indications

84-year-old male with type 2 achalasia diagnosed on recent HRM, referred for EGD with pneumatic dilation.

## EGD Findings

A high-definition endoscope was advanced to the The endoscope was advanced to the duodenum.

**Esophagus:**

There was mild proximal esophageal dilation and tortuosity. Scant thick secretions were cleared with suctioning. Mild puckering was noted at the GEJ, which was traversable with the standard upper endoscope. The GE junction and diaphragmatic impression were co-located at 41 cm from the incisors. No reflux esophagitis or Barrett's esophagus was seen.

**Stomach:**

The gastric mucosa was normal.

**Duodenum:**

The duodenal mucosa was normal.

Endoflip measurements at 50 mL: Pressure 49.6, DI 1.1, compliance 83, diameter 8.2, area 58. There were no normal antegrade repetitive contractions noted throughout every balloon volume, and there was an EGJ outflow obstruction.  
Pneumatic dilation was performed with an Esoflip balloon. The diameter of the narrowing was measured at 5 mL increments: 30 mL = 7.5 mm, 40 mL = 10.3 mm, 50 mL = 13.8 mm, 60 mL = 15.7 mm, 70 mL = 16.4 mm, and 75 mL = 16.8 mm. At 75 mL of inflation, the waist of the narrowing was minimally visible. A mucosal rent was noted without concern for full-thickness perforation. The Hill grade was 2.

## Impressions

1. Type 2 achalasia with EGJ outflow obstruction

2. Mild proximal esophageal dilation and tortuosity

3. Mild puckering at the GEJ

4. No reflux esophagitis or Barrett's esophagus

5. Normal gastric and duodenal mucosa

6. Successful pneumatic dilation with Esoflip balloon

7. Mucosal rent without concern for full-thickness perforation

8. Hill grade 2