

中文題目：比較經由內視鏡引導下執行氣球擴張術和外科微創手術治療下食道弛緩不能症病患的五年成效報告

英文題目：Comparison of Treatment Outcome of Endoscope-guide
Pneumatic Dilation and Laparoscopic Heller's Myotomy: 5-year
Follow-up Results

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Background: Endoscope pneumatic dilation (PD) and the minimally invasive laparoscopic Heller's myotomy (LHM) are still the main treatment options of esophageal achalasia. The debate on which is the better choice between PD and LHM is ongoing for decades. The aims are to compare the 5-year follow-up results of PD and LHM and analyze the possible relevant confounding factors for both treatments.

Patients and Methods: 53 patients were enrolled and divided into the PD group (n=32) and surgical group (n=21). All patients were confirmed by barium esophagography and manometric studies after endoscopic ultrasonography and/or CT to rule out pseudoachalasia. Assessment of symptom scores based on modified Eckardt scores depending on whether dysphagia, regurgitation, chest pain, and weight loss was applied. Patients were considered to have reached clinical remission if symptoms had totally disappeared or if they had improved by at least two points and did not exceed a total combination score of 3. Responses after LHM and PD were compared and analyzed by using Mann-Whitney U test for continuous data, and Chi-square test or Fisher's exact test for categorical data. Prognostic factors were performed by multiple logistic regressions by stepwise method. Kaplan-Meier method and log-rank test for cumulative remission rate and its relevance clinical factors after initial treatment.

Results: Complete follow-up until 5 year was obtained in 100% of all patients. For PD group, cumulative remissions were 1 year (86.7%), 3 years (80.0%), 5 years (72.9%), compared to 1 year (90%), 3 years(90%), 5 years (90%) in the surgical group, (p=0.138). Five patients needed second PD due to fair results after 1st PD; Two of

them turned to surgery and one received second PD. All of them were successfully treated. However, two surgical patients relapsed one year after LHM. Surgical group needed more hospital stays than the PD group ($p < 0.001$) and had more reflux events (52.4% vs. 15.6%, $p = 0.004$).

Conclusions: This study suggests that the 5-year cumulative effectiveness of LHM may be better than PD at the expense of more reflux events. This study is limited by the small sample size and patients are not assigned by randomization.