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Abstracts

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Österreichische Gesellschaft für Chirurgie (ÖGCH) und die ihr assoziierten Fachgesellschaften
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tion 1,3 vs. 1,5 ESWL pro Patient durchgeführt. Die Patienten erhielten eine durchschnittlich niedrigere Anzahl von ESWL-Schocks pro Sitzung in der chirurgischen Intervention (2009,7; 1200–2926) als in der urologischen Intervention (3875,5; 2600–6000). Alle Patienten erhielten im Schnitt 3 Tage nach ESWL eine endoskopischen retrograden Cholangiopankreatographie (ERCP). Der Anteil der partiellen oder vollständigen Desintegration der Pankreasgangsteine war in beiden Gruppen vergleichbar (Chirurgie: 58,8 % vs. Urologie: 56,25 %). Es traten in beiden Gruppen keine interventionsbedürftige Komplikationen auf. Jeweils 3 Patienten in beiden Gruppen unterzogen sich einer im weiteren Verlauf nach der ESWL einer Operation bei persistierender symptomatischer Pankreatikolithiasis (Chirurgie: 11,1 % vs. Urologie: 14,3 %).

Schlussfolgerungen: Die Ergebnisse dieser Studie zeigen, dass die chirurgisch gesteuerte extrakorporale Stoßwellenlithotripsie bei der Behandlung von Pankreatikolithiasis eine vergleichbar Erfolgsrate im Vergleich zu urologisch gesteuerter ESWL bietet. Es wurden signifikant mehr Interventionen pro Monat durch die Chirurgie während des Beobachtungszeitraumes durchgeführt. Da Chirurgen die Patienten während des gesamten Behandlungsprozesses begleiten und mit der spezifischen Krankengeschichte vertraut sind, können sie präzisere Entscheidungen treffen und mögliche Komplikationen frühzeitig erkennen. Die direkte Kontrolle durch Chirurgen fördert eine bessere Patientenversorgung und optimiert den Behandlungserfolg. Diese Erkenntnisse unterstützen den interdisziplinären Ansatz und stärken die Bedeutung chirurgischer Expertise bei der Durchführung der ESWL.

28.4. Peroral Endoscopic Myotomy in patient with achalasia cardia

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Introduction: The aim of the research: to compare the results of treatment of achalasia cardia (AC) by Heller myotomy and peroral endoscopic myotomy. Despite the pharmacological field development, there is no reliable effectiveness of conservative therapy for AC today. The effectiveness of treatment using pneumatic dilation is questionable, especially for AC stages II–IV [1–4]. The modern reproduction of Heller cardiomyotomy consists of laparoscopic cardiomyotomy only along the anterior wall in combination with fundoplication. This technique ensures minimal trauma and efficiency of the operation [5, 6]. Despite the accepted „gold standard" in the surgical treatment of AC, the development of technologies and the improvement of endoscopic techniques allows us to expand the search for alternative treatment methods by combining efficiency and reducing the traumatic of the surgery. The main advantage of peroral endoscopic myotomy (POEM) is the clear control and determination of the required length of myotomy, while it is not possible to perform a large length of muscle dissection during laparoscopic Heller myotomy. An important aspect of POEM is also the dissection along the esophageal posterior wall, which in turn can be modified by Heller myotomy if the treatment is ineffective. The POEM technique also has certain disadvantages, namely the lack of fundoplication to reduce GER-risk [7, 8].

Methods: To conduct a comparative assessment of the results of treatment of patients with achalasia cardia by Heller myotomy and Dor fundoplication and peroral endoscopic myotomy, we analyzed the results of treatment of 65 (100.0 %) patients who were treated on the basis of the National Medical Center „University Clinic" of the Zaporizhzhya State Medical and Pharmaceutical University in the multidisciplinary surgical department and the KNP „ZOKL" for 2019–2023. The postoperative observation period was one year. To conduct a comparative assessment of the treatment results, all 65 (100.0 %) patients were divided into two groups: group A included patients whose surgical treatment was performed by using the laparoscopic technique Heller myotomy and Dor fundoplication – 30 patients (46.2 %). Group B included 35 (53.8 %) patients treated using the peroral endoscopic myotomy method.

Results: Analysis of the results of treatment of achalasia cardia by the sum of points according to the Eckard scale showed reliable effectiveness in the group with Heller surgery: before surgery 7.6 ± 1.1, after surgery – 3.3 ± 0.4, $p < 0.0001$, $U = 466.0$. The same results were obtained in the peroral endoscopic myotomy group: before surgery 7.8 ± 0.7, after surgery – 3.0 ± 0.4, $p < 0.0001$, $U = 492.0$. Which shows the equivalent effectiveness of both methods, $p = 0.8032$, $U = 785.0$. In patients with Heller surgery, relapses were detected in two (6.7 %) patients, while in the group of patients with peroral endoscopic myotomy, 2 (5.7 %) cases of reflux esophagitis after treatment were detected. However, these results were statistically insignificant in both cases, $p = 0.1944$, $U = 495.0$ and $p = 0.6979$, $U = 490.0$, respectively.

Conclusions: Peroral endoscopic myotomy is a modern and minimally traumatic method of treating achalasia cardia, which can compete with Heller cardiomyotomy and can be considered as an effective alternative. Key words: achalasia cardia, peroral endoscopic myotomy, Heller cardiomyotomy, reflux esophagitis.

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