



World Organization for Specialized Studies
on Diseases of the Esophagus

OESO Newsletter – September 2025

Message to the members of OESO,
and to all those who have interest in Esophagology



The **OESO-SEMPIRE**

VIRTUAL EDUCATIONAL CHANNEL
41st meeting

From:

University Hospital for Digestive Surgery
University Clinical Center of Serbia
School of Medicine, University of Belgrade, Belgrade, Serbia

Hosted by:

Professor Dr. **Aleksandar P. Simić**

Thursday, October 2, 2025

- Belgrade Time 4 pm – 5.30 pm

- **Europe CET:**

Paris: 4 – 5.30 pm

UK: 3 – 4.30 pm

- **North America:**

West Coast: 7 – 8.30 am

East Coast: 10 – 11.30 pm

- **South America:**

São Paulo:

11 am – 12.30 pm

Buenos Aires:

11 am – 12.30 pm

Santiago Chile:

11 am – 12.30 pm

- **Africa:**

Bomet, Kenya: 5 – 6.30 pm

- **Asia:**

Beijing:

10 – 11.30 pm

Kuala Lumpur:

10 – 11.30 pm

- **Australia:**

Melbourne:

0 Midnight – 1.30 am (Oct 3)

- Zoom technology applied

Registration is free, but mandatory:

Free registration



Current clinical approach to achalasia

GIST OF THE CASE

Presenter of the case:

- Associate Professor
Dr **Ognjan M. Skrobic**
Chief of Department for
benign foregut diseases

- A 54-year old male with a two and a half years history of progressive retrosternal dysphagia for both solids and liquids.
- Frequent episodes of regurgitation and heartburn, as well as minimal, clinically insignificant weight loss.
- Initially referred by a gastroenterologist, where he had been wrongly treated for presumed gastroesophageal reflux disease due to symptoms of heartburn and regurgitation.

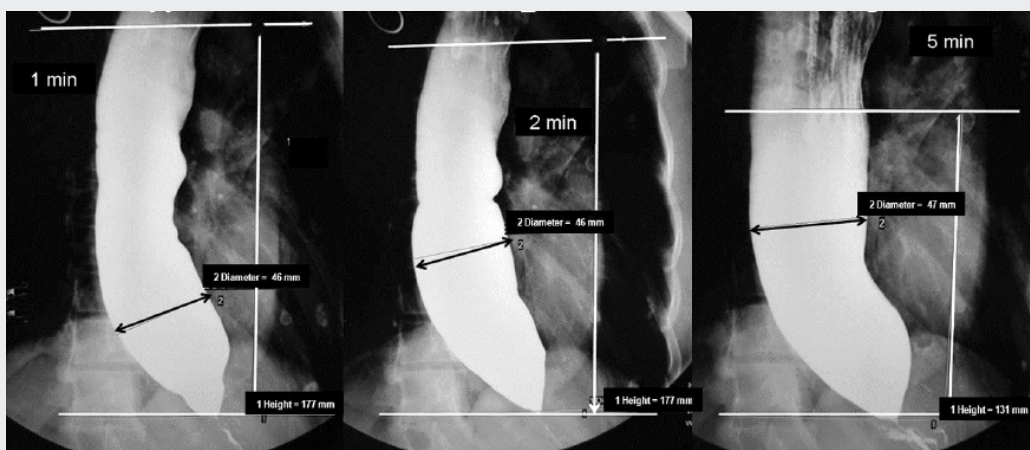


Markedly dilated esophagus

Typical “bird’s beak” narrowing at the lower esophageal sphincter

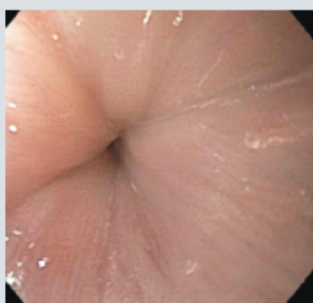
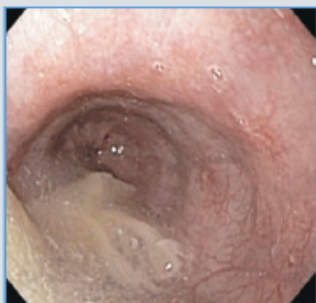
Timed Barium Esophagogram (TBE)

- Significant contrast retention after 5 minutes
- Consistent with impaired esophageal emptying



Upper GI endoscopy:

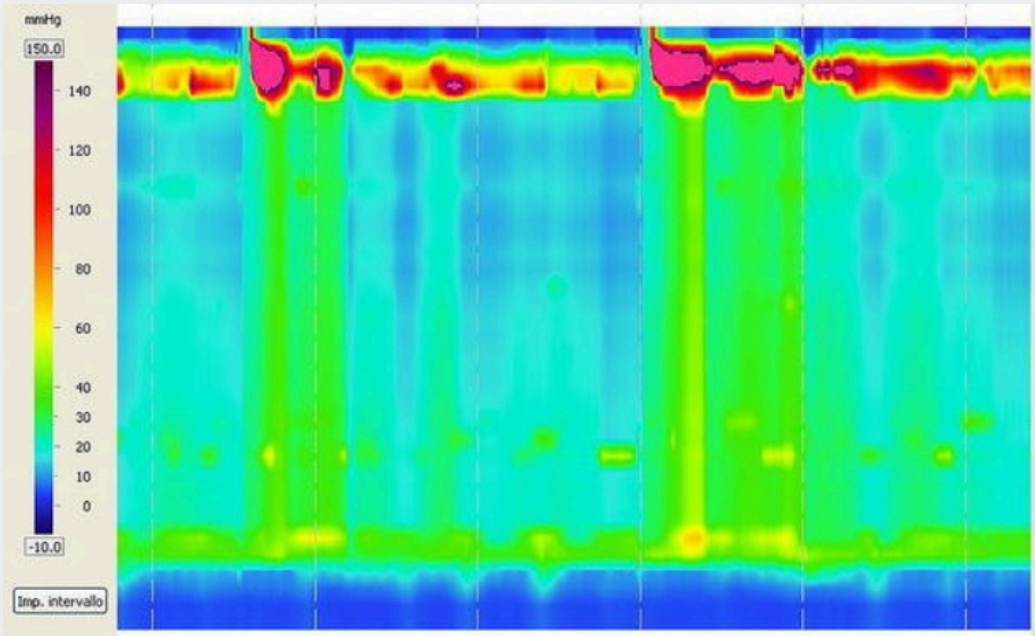
- Dilated esophagus with food retention
- Resistance at the gastroesophageal junction
- No evidence of mucosal lesion or mass
- Hill grade I



High-Resolution Manometry (HRM)

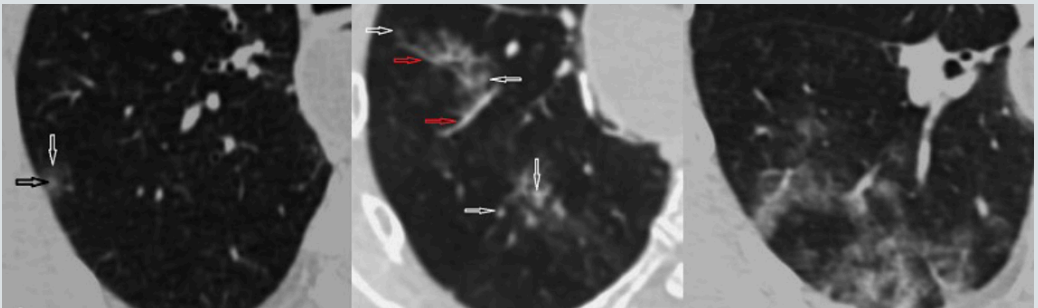
- Panesophageal pressurization

- Aperistalsis
- Findings fulfill diagnostic criteria for **type II achalasia**



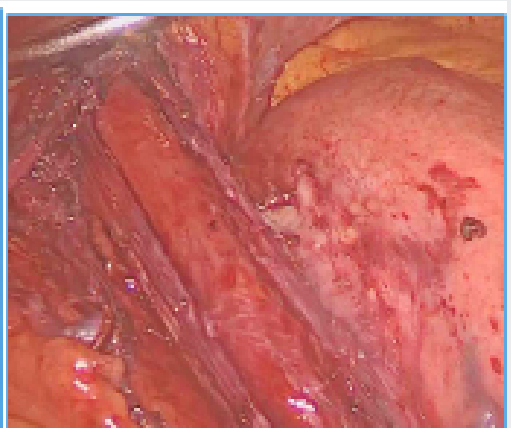
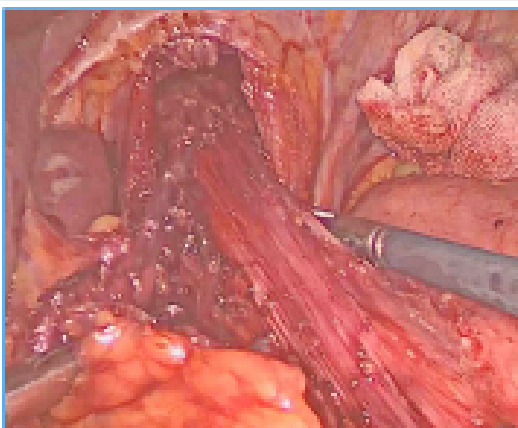
MDCT

- No malignancy or extrinsic esophageal compression
- Patchy or diffuse areas of hazy increased lung attenuation (**Ground-glass opacities (GGO) were present, highly suggestive of aspiration-related inflammation.**)



Surgery

- Minimally invasive laparoscopic surgery
- Limited hiatal Dissection
- Heller myotomy with accentuation of the angle of His



Postoperative follow-up

- Postoperative course was uneventful and control esophagogram was done on postop day one.
- Discharge two days post-surgery.
- Two years after surgery patient remained symptom free with significant clinical relief, with occasional minimal dysphagia for solids, which was sustained on routine yearly follow-up evaluations.
- Routine upper GI endoscopy one and two years post-surgery: no recurrence of the disease.

Panel for discussion:

- **Aleksandar P. Simić** (Belgrade, Serbia)
- **Pietro Familiari** (Rome, Italy)
- **Christian Gutschow** (Zurich, Switzerland)
- **Rehan Haidry** (London, UK)
- **Stefan Mönig** (Geneva, Switzerland)

Topics for discussion:

1. Contemporary diagnostics

- a. Importance of TBA and HRM
- b. Current Position of FLIP
- c. Will you perform MDCT in all pts prior to treatment?

2. Question of pseudoachalasia

- a. Importance of medical history
- b. When is MDCT mandatory

3. Primary choice of treatment

- a. BD vs POEM vs HELLER
- b. What to do in the younger patients (less than 40 years old)
- c. Tailored approach?
- d. Type III – Did POEM became the “Gold Standard”?

4. Importance of antireflux procedures

- a. POEM & TIF – Is this the future?
- b. Significance of limited hiatal dissection
- c. Type of fundoplication
- d. Accentuation of the His angle – Is it enough?

5. Benefits of robotic surgery for achalasia?

- a. Pros
- b. Cons
- c. Is robotic going to replace laparoscopic surgery?

6. Redo for failed treatment

- a. Importance of BD
- b. Importance of specialized centers where all the treatment modalities are available

7. Treatment of sigmoid esophagus

- a. Is myotomy enough?
- b. When is esophagectomy necessary?

This case highlights multiple diagnostic and treatment possibilities in the contemporary treatment of achalasia that are still not consistent. It also indicates a necessity for standardization of the procedures and the importance of worldwide acceptance of treatment protocols according to individual cases.



*Thirty-seven Pilot Centers worldwide are currently listed in the network of the OESO-SEMPIRE Platform of Excellence in Esophagology to take part in the program of the **OESO Virtual Educational Channel in Esophagology**.*



*Such a program is in line with true multi-disciplinarity, the essence of OESO since its creation, and the mission defined by UNESCO in the **Chair of Digital Education** attributed in 2018, to the OESO Foundation at the University of Geneva.*



The previous "Staff meeting discussions" were organized in

- **2020:** May 28 (Pilot Center of Milan), July 22 (Pilot Center of Stanford), October 3 (Pilot Center of Bomet, Kenya), October 29 (Pilot Center of Beijing), December 10 (Pilot Center of Geneva),
- **2021:** January 29 (Pilot Center of Melbourne), February 25 (Pilot Center of Bordeaux), March 19 (Pilot Center of Stanford), April 15 (Pilot Center of Paris), May 26 (Pilot Center of Milan), June 23 (Pilot Center of Sao Paulo), August 21 (Asian Pacific Digestive Week), October 19 (Pilot Center of Mainz), November 22 (Pilot Center of Bordeaux), December 9 (Pilot Center of Geneva),
- **2022:** January 20 (Pilot Center of Kota Bharu), February 22 (Pilot Centers of Beijing, Shanghai and Guangzhou), March 24 (Pilot Center of Boston), May 4 (Pilot Centers of Melbourne and Kenya), July 19 (Pilot Center of Kota Bharu), September 23 (Pilot Center of Milwaukee, Wisconsin), October 8 (Pilot Center of Chile), December 14 (Pilot Center of Geneva),
- **2023:** January 11 (Pilot Center of Stanford), February 26 (Pilot Center of Malaysia), March 23 (Pilot Center of Boston), May 24 (Pilot Center of Paris), June 1 (Pilot Center of Chile), September 28 (Pilot Center of Milwaukee, WI), November 30 (Pilot Center of Geneva and London), December 18 (Pilot Center of Zurich),
- **2024:** January 24 (Pilot Center of Houston, Texas), February 20 (Pilot Center of Verona), June 5 (Pilot Center of Guangzhou), July 18

(Pilot Center of Bomet), October 9 (Pilot Center of Hong Kong),
November 27 (Pilot Center of Houston, Texas),

- **2025:** January 22 (Pilot Center of Beijing), March 5 (Pilot Center of Geneva) and May 8 (Pilot Center of San Paulo).



- ***Wherever you are in the world,***
- ***Whatever your specialty,***
- ***Whatever your level,***

the 41st clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global staff meeting dedicated to one challenging topic of esophagology.

Participants from any country can connect to the discussion.

Looking forward to seeing you soon!

Robert Giuli, MD, FACS

Professor of Surgery

Founder & Deputy Executive Director of OESO

The next 42nd clinical case coming up for discussion will be announced in the next newsletter and on the website.

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