

## Does early diagnosis in cricopharyngeal achalasia affect the success of treatment modality?

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Dear Sir,

We have read with great interest the recent paper by Sarı et al. about a case of late- diagnosed cricopharyngeal achalasia who was treated by myotomy<sup>1</sup>. We have also recently reported a primary cricopharyngeal achalasia case who was diagnosed early in the 1<sup>st</sup> week of life and treated successfully by balloon dilatation, and we have discussed the treatment options for this very rare disease. Our patient was the fifth case diagnosed in the neonatal period and, with respect to the treatment modality chosen, was the first case in the literature of a successfully treated newborn by balloon dilatation<sup>2</sup>.

Although cricopharyngeal achalasia presents with symptoms from birth or soon after and seems to be a clinical entity, the diagnosis is delayed in most cases just like the case reported by Sarı et al.<sup>1</sup>. The best management of cricopharyngeal achalasia remains to be defined due to the small number of reported cases and lack of published control studies comparing the efficacy of different therapeutic procedures<sup>2</sup>. We believe that the age at diagnosis is the most important factor determining the success of the preferred intervention method. In many patients, especially those with mild symptoms or associated anomalies in early infancy, an initial trial of dilatation is probably warranted, and surgery is recommended for patients who do not respond to several attempts of dilatation. The earlier the patient is diagnosed, the greater the chance of success of balloon dilatation. This procedure may give permanent relief of obstruction by stretching muscle fibers with no recurrence of the spasm. Although the initial coordination defect is not cured, long-term success has been reported with this procedure<sup>2,3</sup>.

Sarı et al. reported that their patient had no feeding problems up to 20 months of age but did not give any information about the patient's nutritional status on their follow-up. We would like to emphasize the necessity of optimal nutritional intake in these children to avoid malnutrition and its potential impact on the child's overall health. Nutritional support through the nose or gastrostomy may be essential for the infant until feeding tolerance improves since symptoms decrease over time in most cases<sup>3</sup>.

### REFERENCES

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