Physician and Surgeons, Pakistan. While the first two components of a curriculum exist in somewhat unsophisticated forms, the tail that wags the dog\textsuperscript{2,3,5,6} i.e. methods of assessment are missing altogether.

We urge both leaders and learners in radiology to realize the critical role of CIPS in the practice of radiology and to strive for developing CIPS curricula tailored to radiology and the local needs.\textsuperscript{1,2} Such efforts can be instrumental for excellence in radiology.\textsuperscript{1,3,5,6}

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**Letter to the Editor**

**Treatment of Achalasia: Let's put surgery in its right context**

Madam, We read with interest the report of Ahmed et al in which they described the medical and surgical management of achalasia in 46 patients over a five-year period from their specialist units of a research centre and teaching hospital.\textsuperscript{1} The authors have made a significant effort to provide an addition to the local literature. However, we were disappointed to read the conclusions. The impression given in their conclusion in favour of pneumatic dilatation for the treatment of achalasia is biased, unscientific and misleading.

The authors have not provided any robust scientific evidence in their study to support their conclusions. The success rate of pneumatic dilatation is 81% in comparison with 80% following surgical myotomy. Their patient groups are only very broadly defined and the study lacks detail regarding pre-operative status and operative technique. Reference is made to subjective assessment at 4 weeks and 6 months with repeat endoscopic treatment or referral to surgeons but lacks detail and the overall duration of follow up or use of objective assessments of 'clinical success' are absent. Even allowing for the limitations of a retrospective study the conclusions remain only very general. They are unsupported by statistical comparison between what may very well be heterogenous groups. Questions remain: who benefits in the unit, for how long and by how much?

Moreover, in their discussion they have neglected recent advancements showing a significantly improved result using Laparoscopic Heller Myotomy (LHM). This is reflected by the fact that their most contemporary reference concerning pneumatic dilatation originates from 2005 yet not a single paper regarding the outcome of surgical intervention from recent literature is cited, reflecting a bias in favour of medical management of achalasia.

Achalasia remains a condition with an incompletely understood pathogenesis. Treatment approaches are largely palliative and aim to achieve relaxation or dilatation of the lower oesophagus. Admittedly, clear dominance of one approach has not been established even in large trials. There is recognition that multiple treatment modalities over an extended period of time may be required.\textsuperscript{2} It is additionally recognised that certain sub-groups - particularly the frail elderly - may benefit from the less invasive endoscopic approach with botulinum toxin injection, although the benefit remains short-lived.\textsuperscript{3} Modern surgical management has progressed to recognition of a new gold-standard surgical approach — that of the Laparoscopic Heller Myotomy. This is frequently combined with fundoplication, although controversy remains regarding the degree of fundal wrapping and the optimal myotomy length.\textsuperscript{4} No explicit reference is made to such techniques. Additionally, prior endoscopic dilatation has been demonstrated to worsen subsequent surgical outcome, a fact of which patients should be aware in an informed decision making process.\textsuperscript{5}

Several studies have shown surgical myotomy to provide superior long term symptoms relief as compared with non-surgical intervention. Structured, objectively assessed reports yield impressive short-term results. A cohort of 113 patients undergoing LHM declared 91.2% to be symptom-free at median follow up 2 years,\textsuperscript{6} a result in keeping with much of the contemporary literature. The focus of current studies is to refine the technique, comparing the influence of


\textsuperscript{3} Gunderman RB. Patient communication: what to teach radiology residents. AJR Am J Roentgenol 2001; 177: 41-3.


\textsuperscript{5} Donnelly LF, Strife JL. Establishing a program to promote professionalism and effective communication in radiology. Radiology 2006; 238: 773-9.

\textsuperscript{6} Gunderman RB. Role models in the education of radiologists. AJR Am J Roentgenol. 2002; 179: 327-9.
extended and standard myotomies, and varying degrees of fundal wrap. Additionally, as a treatment in evolution, long-term data is now emerging supporting the sustained efficacy of LHM. A 10-year follow-up study has recently reported longevity of the improvement in dysphagia scores obtained following LHM in comparison to those determined in the short term (17 patients, comparing outcomes at mean 27 months and 11.2 years).  

In their study, 2 out of 32 patients developed perforation after pneumatic dilatation, whereas 20 patients underwent surgery had uneventful recovery and did not develop any serious complication. Even then authors conclude that pneumatic dilatation is a safe procedure whereas no safety benefit is mentioned in favour of surgical intervention.

We recognise the importance of disseminating experience between centres. However, we have significant concerns regarding their conclusions both in the context of the presented data and its relevance to the contemporary surgical management of this condition.

Clinical literature is largely self-regulating. A critical eye is always required when transferring the experiences of others to one's own practice. Readers must be cautious if modifying their practice on the basis of this report.

**References**


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**Reply by Authors**

**Treatment of Achalasia: Lets be fair and unbiased**

Madam, We appreciate the thorough review and comments on our article, "Achalasia in a Gastroenterology Unit of Karachi" by Mr. M. Hanif Shiwani and Mr. Chris Whitfield. One should not be disappointed by looking at scientific data which has unexpected results or do not coincide with our impressions drawn by experience. It is also obvious that older studies cannot be compared with recent ones and the advance techniques cannot be compared with the older and conventional procedures.

As we have mentioned earlier that this is a retrospective data which obviously had some limitations but a sincere effort was made to provide the correct information as it was documented. Regarding the preoperative preparation, all the patients who came with the obstructive symptoms like Dysphagia, vomiting, reflux or regurgitation of food and having dilated esophagus and narrow lower esophageal sphincter on barium swallow studies were further evaluated for achalasia by esophageal transit time, esophageal manometry and upper GI Endoscopy. Post dilatation barium swallow to obtain and compare the barium height and width as compared to base line was not done in this study. Only symptomatic evaluation and endoscopic examination was done at one month and then six monthly intervals after dilatation and post surgery to evaluate the success of procedure or any evidence of complication. Duration of follow up ranged from one year to three years with a mean of 2 years. Most of our cases had standard Heller Myotomy only four cases had fundoplication and fundal wrapping. Out of these four two patients developed post operative dysphagia and required dilatation.

The last sentence of our article gives the advantages of Laproscopic Heller Myotomy rather than negating the advantages of recent advancements as has been stated by the worthy reviewer The authors are well aware of the impressive results of the Laproscopic Heller Myotomy but since this particular study did not deal with that group it was not discussed in detail. Prior endoscopic dilatation may worsen subsequent surgical outcome, is a well known fact which should have been discussed and explained to the patients prior to the decision making and during informed decision making and disseminating their practice on the basis of this report.