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**10-year follow-up results of the European Achalasia Trial: a multicentre randomised controlled trial comparing pneumatic dilation with laparoscopic Heller myotomy**

Boeckxstaens G, Elsen S, Belmans A, et al. [10-year follow-up results of the European Achalasia Trial: a multicentre randomised controlled trial comparing pneumatic dilation with laparoscopic Heller myotomy](https://gut.bmj.com/content/73/4/582). Gut 2024; 73:582-589. doi: 10.1136/gutjnl-2023-331374.

Achalasia, a chronic motility disorder of the oesophagus, is marked by absent peristalsis and impaired lower oesophageal sphincter (LOS) relaxation, hindering food passage to the stomach. The European Achalasia Trial, a multicentre randomised controlled study, sought long-term data to guide optimal management by comparing pneumatic dilation (PD) and laparoscopic Heller myotomy (LHM) over 10 years.

The trial involved 201 newly diagnosed achalasia patients across 14 hospitals in five European countries, who were randomly assigned to either PD or LHM treatment groups. The primary measure of success was an Eckardt score of ≤3, assessed annually. Secondary outcomes included the necessity for retreatment, lower oesophageal sphincter pressure, oesophageal emptying, gastro-oesophageal reflux, and complication rates.

After a decade of follow-up, both treatments demonstrated equal effectiveness, with a 74% success rate in both the full analysis set and the per-protocol set. Subgroup analysis revealed PD was superior for type 2 achalasia, while LHM showed a trend towards better performance for type 3 achalasia, though not statistically significant. The study also found that PD led to a significantly higher barium column height on a timed barium study at 5 minutes compared to LHM, indicating differences in oesophageal emptying, but without significant differences in other parameters, including gastro-oesophageal reflux.

The trial's findings suggest that both PD and LHM are viable initial treatments for achalasia, offering similar long-term success rates and minimal risk of developing gastro-oesophageal reflux. Importantly, this evidence supports the tailoring of treatment strategies to individual patient needs, thereby optimising outcomes over the long term.