Hereditary transthyretin amyloidosis is associated with gastrointestinal symptoms which can have a negative impact on quality of life [1], with gastroparesis being a frequent complication of familial amyloidotic polyneuropathy (FAP) [2]. Interventions that target symptoms while liver transplantation is awaited can be of the utmost importance for improvement of nutritional status and optimization of surgical outcomes. Gastric peroral endoscopic myotomy (G-POEM) has been described as safe with high technical and clinical success rates, mainly for post-operative, diabetic, and idiopathic gastroparesis [3].

A 38-year-old man with a genetic diagnosis of FAP and a 10-year history of neuropathic manifestations who was receiving treatment with tafamidis presented with nausea, vomiting, post-prandial epigastric pain, and weight loss, with severe...
Gastroparesis on gastric emptying scintigraphy (GES; T50 of 50% at 120 minutes). He was started on combined prokinetic and antiemetic therapy, which was further optimized to maximum tolerated doses. Because of his continuing symptoms, with a Gastroparisis Cardinal Symptom Index (GCSI) of 26 points, and malnutrition risk, with a net weight loss of 20 kg over 2 years, G-POEM was proposed to the patient.

The procedure (▶Video 1) followed the overall steps previously described [4]. A submucosal injection was performed on the greater curvature of the antrum, proximal to the pylorus, with a subsequent mucosotomy (▶Fig. 1a) and submucosal tunneling dissection using a DualKnife (Olympus, Japan) (▶Fig. 1b, c). After identification of the pyloric arch (▶Fig. 1d), a pyloromyotomy (2 cm in length) was created with an ITknife2 (Olympus) (▶Fig. 1e). The mucosal defect was then closed using endoclips (▶Fig. 1f). After 24 hours, an esophagogastroduodenography showed normal emptying of contrast into the duodenum, after which oral intake was resumed with no complications.

The patient continues to wait for a liver transplant but, 6 months later, he denies nausea and vomiting, tolerates normal-sized meals without using prokinetics, and scores 6 points on GCSI, with a T50 of 44% at 120 minutes on GES. G-POEM seems feasible, beneficial, and safe in this particular subset of patients with gastroparesis.

Competing interests
None

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