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* Information about Abstract

- **Field**: 소아  
- **Type**: Oral  
- **Title**: Robotic Heller’s Myotomy and Toupet’s Fundoplication for Pediatric Esophageal Achalasia  
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### Purpose
Esophageal achalasia is a rare disorder of esophageal motility in children. Balloon dilatation or botox injection via endoscopy were temporally relief the symptoms, so surgical procedure is the most effective treatment of choice. Recently laparoscopic surgery was mainly performed as the way of minimal invasive surgery, there were some limitation of motions than open surgery. Robotic surgery was performed to reduce these limitations and the advantage was confirmed in some cases. We report one case of robotic Heller’s myotomy and Toupet’s fundoplication in Russian patient.

### Methods
A 3-year-old boy with a significant dysphagia after surgical correction of tracheoesophageal fistula. He was treated three times of balloon dilatation of esophagus via endoscopy. Esophagography and endoscopy showed no stenosis at anastomosis site but generally dilated esophagus and bird beak shape of distal esophagus.

### Results
Robotic Heller’s Myotomy and Toupet’s fundoplication was performed. Total operation time was 245 minutes. Diet build up was started at POD #1 and esophagography and 24hr pH monitoring was done at POD #5 and #7 respectively and there was no bird beak shape of distal esophagus and reflux. He discharged uneventfully POD #8.

### Conclusion
This case supports robotic Heller’s myotomy and Toupet’s fundoplication as a safe, and useful technique for esophageal achalasia in children. However, more clinical trials should be performed to confirm the long-term reliability and safety.

### Files
- **Abstract File**  [abstract Robotic Heller Myotomy.docx](abstract Robotic Heller Myotomy.docx)
- **Table or Figure**