

STELLINGEN

behorend bij het proefschrift

Achalasia, Studies on Long-Term Outcome *Achalasia, studies naar de lange termijn uitkomsten*

Ivonne Leeuwenburgh

1. The presences of food stasis or histological signs of grade 3 esophagitis in patients with achalasia forms an indication for (re-)treatment even in the absence of deterioration of symptoms.
(this thesis)
2. The presence of Barrett's metaplasia and overexpression of p53 are risk factors for development of esophageal carcinoma in achalasia patients.
(this thesis)
3. If surveillance in achalasia is performed, high risk patients should undergo surveillance at shorter interval starting 10 years after symptom onset.
(this thesis)
4. Young age at presentation, a manometric pattern of classic achalasia, persistently high LES pressure 3 months after dilatation and incomplete obliteration of the balloon waist during dilatation are the most important predicting factors for the need of repeated treatment during follow-up.
(this thesis)
5. Although the etiology of achalasia is still not clear, the higher prevalence of autoimmune thyroid disease in achalasia patients suggests an auto-immune cause.
(this thesis)
6. Laparoscopic Heller myotomy is not superior to pneumatic dilatation for the treatment of achalasia.
(New England Journal of Medicine, 2011;364:1807-16)
7. The frequent delay in the diagnosis of achalasia is not due to an atypical clinical presentation but rather to misinterpretation of typical findings by the physician consulted.
(Digestive Diseases and Science, 1997;42:580-5)
8. Female patients more often prefer a female endoscopist than male patients. This implies the need for training more female gastroenterologists.
(Gastrointestinal Endoscopy 2005;62:219-23)
9. Complexe operaties uitgevoerd in een laag volume centrum kunnen wel degelijk samengaan met hoge kwaliteit en goede zorg voor de patiënt. Daarom moet in plaats van volume de uitkomst gemeten worden.
(Annals of Surgery 2011;253:912-7)
10. Als de griep prik, waarover controversen heerst, wordt afgeschaft dan kan de darmkanker screening, waarvan het nut wel is bewezen eenvoudig gefinancierd worden.
11. Wie niet gelooft in wonderen, is geen realist.
(Herman Finkers).