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Normative values for EGJ-CI for a water-perfused esophageal manometry system

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Dear Editor,

The Chicago Classification has been the leading guideline for esophageal motility disorders evaluation and classification since the advent of high-resolution manometry. Esophagogastric junction (EGJ) barrier function was neglected until the most current update of the classification when a technical review on the topic was recently released[1]. In this publication, the Contractility Integral of the Esophagogastric Junction (EJG-CI) was deemed "currently the best validated metric of EGJ contractile vigor and should be adopted".

Each manometry system has different reference values depending on its operating mechanism. This is mainly visible in water perfusion systems, where the response of the sensors is slower, given the latency of the response time to the passage of water through the sensors. We have published normative values for a 24-channel water-perfused system (Multiplex, Alacer Biomédica, São Paulo, Brazil)[2]. Mean basal respiratory pressure was used then as a parameter for measuring the competence of the lower esophageal sphincter (LES) as EJG-CI was not widely used. We present here the reference values for EGJ-CI for the same population of healthy individuals previously studied after reanalysis of the tests (TABLE 1).

Authors' contribution

Herbella FAM: conception and design. Silva RMBD: data collection and analysis. Manuscript drafting and Revision of final version: all authors.

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TABLE 1. Normative values for Contractility Integral of the Esophagogastric Junction (EJG-CI) for a water-perfuse esophageal manometry system.

Mean	Median	Standard Deviation	IQ 25	IQ 75	Maximum	Minimum	Percentile 5	Percentile 95
40.96	38.50	26.64	21.60	55.22	128.30	0.60	14.17	84.39

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