

tunneling, and although this issue is very important it is not included in up-to-date protocols.

According to Inoue et al<sup>[26]</sup>, when the cap-fitted endoscope introduced into the submucosal space and then pushed, tends to advance only in line with the esophagus and its round tip tends to move to the center of the elliptical cross-section of the submucosal tunnel.

However, this is not always the case, especially during anterior myotomy

12

to the lesser gastric curvature, because there are no objective markers to sustain correct direction and inexperienced endoscopists may easily lose the orientation, when they are inside the submucosal space (tornado tunnel).

Orientation within submucosal space may be easier during posterior myotomy to the greater gastric curvature because the existence of more objective guiding anatomic markers, such as the angle of His, and the compression from the spinal cord<sup>[13]</sup>. However this issue needs further confirmation in comparative studies.

#### ✓ MYOTOMY SITE

Another question regarding POEM, is on which side myotomy should be done? In initial POEM cases, Inoue<sup>[1]</sup> performed anterior myotomy, to avoid

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