



# The 8th Biennial Congress of the Asian Neurogastroenterology and Motility Association

In conjunction with  
**Indonesian Digestive  
Disease Week**

vol

**1**

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## Welcoming Message from Chairman of IDDW ANMA 2025 & The Indonesia Society of Gastroenterology



**Prof. Ari Fahrial Syam, MD, PhD**, officially inaugurated the Indonesian Digestive Disease Week (IDDW) ANMA 2025 with an expression of gratitude, following a recent period of challenges. A significant highlight of this year's program is the first motility workshop to be conducted in Indonesia, which has been designed to provide participants with a comprehensive and structured learning experience. The workshop emphasizes not only the acquisition of new scientific knowledge but also the development of confidence and practical skills essential for its implementation in clinical settings.

The motility workshop aims to ensure that participants are adequately prepared to perform this procedure with assurance and precision. **Prof. Ari** extended his appreciation to the sponsors, whose generous support made the event possible. He emphasized that this initiative represents an important step toward improving clinical care in Indonesia and beyond.

**Tanisa Patcharatrakul, MD, PhD**, expressed her gratitude for the successful initiation of the ANMA-IDDW event, noting its role in strengthening collaboration and advancing the field of gastroenterology in the region. She emphasized the importance of establishing platforms for the exchange of knowledge, experience, and skills to improve patient care and clinical outcomes across Asia.

**Reuben Kong Min Wong, MD**, further reflected on the long journey of gastroenterology training and development across the region. He recalled that the gastrointestinal motility workshop was first introduced in Singapore 15 years ago, laying the foundation for structured education and hands-on training in this subspecialty. Since then, the initiative has evolved into an established tradition, expanding its reach and impact.

Both speakers highlighted that the current program represents both continuity and the enduring legacy of the Asian Neurogastroenterology & Motility Association (ANMA) in advancing excellence in clinical practice and education.

## Welcoming Message from Asian Neurogastroenterology and Motility Association (ANMA) Representatives

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Today's Agenda

# Day 1 - Thursday, 4 September 2025

Time	Activity
08:00 – 08:30	Registration
08:30 – 09:00	Opening Remarks
09:00 – 09:10	Pre Test
09:10 – 09:30	High-Resolution Manometry in Practice: Pattern Recognition and Diagnostic Pitfalls
09:30 – 09:50	MII-pH Monitoring: Principles and Clinical Utility in Reflux Disease
09:50 – 10:05	Coffee Break
10:05 – 11:05	Live Demonstration: Practical Applications of Manometry and pH Monitoring
11:05 – 12:30	Case Interpretation - Manometry
12:30 – 13:00	Lunch and Prayer
13:00 – 13:20	Understanding the Basics of High-Resolution Manometry (HRM): Technical Fundamentals and Clinical Relevance
13:20 – 13:40	Advanced Insights in MII-pH: Symptom Correlation and Acid-Independent Reflux
13:40 – 14:00	Coffee Break
14:00 – 15:30	Case Interpretation - pH Metry
15:30 – 15:40	Post Test
15:40 – 16:00	Wrap Up and Closing Remarks
19:00 – 21:00	Faculty Dinner with Indonesian Traditional Dance



# ESOPHAGEAL MOTILITY WORKSHOP



Tanisa Patcharatrakul, MD, PhD on manometry practices

## **Lecture 1: High-Resolution Manometry in Practice: Pattern Recognition and Diagnostic Pitfalls**

**Speaker: Tanisa Patcharatrakul, MD, PhD**

The first agenda on Day 1 of IDDW ANMA 2025 began with a lecture by **Tanisa Patcharatrakul, MD, PhD**, an Assistant Professor at Chulalongkorn University, Thailand. Joining virtually via video conference, she delivered a lecture titled “*High-Resolution Manometry in Practice: Pattern Recognition and Diagnostic Pitfalls*”. She laid a solid foundation by reviewing the basic esophageal motility disorders and the fundamental concepts of manometry impedance.

**Patcharatrakul, MD** introduced the current diagnostic algorithm involving pharyngeal high-resolution manometry impedance (P-HRM-I). This approach enables physicians to tailor treatment strategies, such as myotomy, swallowing exercises, or other interventions, based on the diagnosis.

Throughout the session, **Patcharatrakul, MD** presented several manometry pattern examples to help participants distinguish between different disorders. She highlighted several common pitfalls in clinical practice, such as inappropriate indications that may lead to incorrect treatment and harm patients, as well as some technical and analytical errors that require physicians to sharpen their skills and knowledge.

Overall, the lecture was well-received and followed attentively by participants. It concluded with an interactive question-and-answer session, where **Patcharatrakul, MD**, along with other experts, such as **Prof. Lee** and **Prof. Wu**, answered the participant’s question and exchanged insights on advancing the practice of esophageal manometry.

## **Lecture 2: MII-pH Monitoring: Principles and Clinical Utility in Reflux Disease**

**Speaker: Prof. Yeong Yeh Lee, MD, PhD**



Prof. Yeong Yeh Lee, MD, PhD giving an explanation about MII-pH monitoring



The second lecture was delivered by **Prof. Yeong-Yeh Lee, MD, PhD**, titled *"MII-pH Monitoring: Principles and Clinical Utility in Reflux Disease"*. Before the session began, participants received quizzes on the implementation of multichannel intraluminal impedance (MII), with the expectation that they would be able to answer them by the lecture's end.

**Prof. Lee** began by outlining the fundamental concepts of chemistry and the working definition of pH reflux, emphasizing that certain adjustments are applied in Asian diagnostic criteria, such as the requirement for longer acid exposure times compared to conventional standards. He then advanced to more complex concepts, gradually linking them until the final section, where he integrated all the ideas comprehensively.

A major focus of the lecture was diagnostic strategies, in which **Prof. Lee** presented not only the evolution of GERD diagnosis but also the latest Lyon Consensus 2.0, highlighting its integration with manometry to enhance diagnostic accuracy. Although expert clinical history is generally more reliable than a PPI trial, additional diagnostic tests remain valuable for achieving a concise diagnosis.

The session concluded with a review of the initial quizzes, where many participants successfully answered the questions, reflecting improved understanding by the end of the lecture.

### **Live Demonstration**

**Speaker: Prof. Yeong Yeh Lee, MD, PhD and Amanda Pitarini Utari, MD**

After the coffee break, participants attended a Live Demonstration featuring a 32-year-old male patient from Cipto Mangunkusumo National General Hospital with refractory GERD and persistent heartburn. The procedure evaluated esophageal pH and motility disorders using pH metry and high-resolution manometry (HRM). Endoscopic findings were normal, and pH metry suggested functional heartburn.

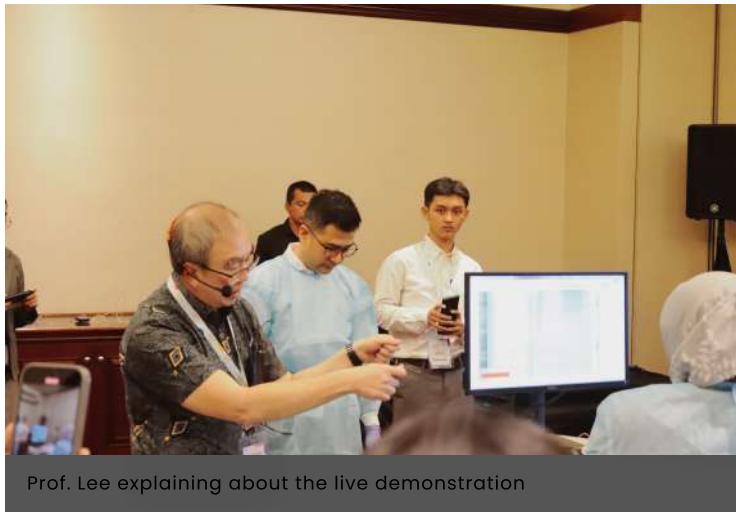


Live demonstration of high-resolution manometry on a male patient

HRM, the main focus, was performed in real time by **Prof. Yeong Yeh Lee, MD, PhD**, assisted by **Amanda Pitarini Utari, MD**, and Laborie technicians. A water-perfused high-resolution catheter was calibrated before insertion. The operator assessed the preferred nostril and prior ENT issues, applying lidocaine gel to facilitate intubation. Participants observed wet and dry swallows, with a tip shared: asking the patient to protrude the tongue suppresses involuntary swallowing.

According to the Chicago Classification, ten wet swallows were performed supine, followed by upright swallows and rapid swallow tests. Integrated relaxation pressure (IRP) was emphasized to be higher supine than upright due to physiological differences in esophageal emptying. Provocative maneuvers were also demonstrated. Multiple rapid swallow (MRS) test temporarily inhibited peristalsis, followed by an augmented contraction to show peristaltic reserve. The rapid drink challenge (RDC) test was then performed to stress the esophagus, with solid swallows added for further assessment. Instead of marshmallows that are commonly used in Western centers, **Prof. Lee's** center used bread, which allows standardized sizing.

Afterward, the catheter was secured and the patient was instructed to maintain a diary of meal times, food intake, and symptoms, with a portable recording device to correlate daily activities with study results.



Prof. Lee explaining about the live demonstration

### Case Interpretation Manometry

Speaker: Prof. Yeong Yeh Lee, MD, PhD



Prof. Lee giving pointers about the manometry software

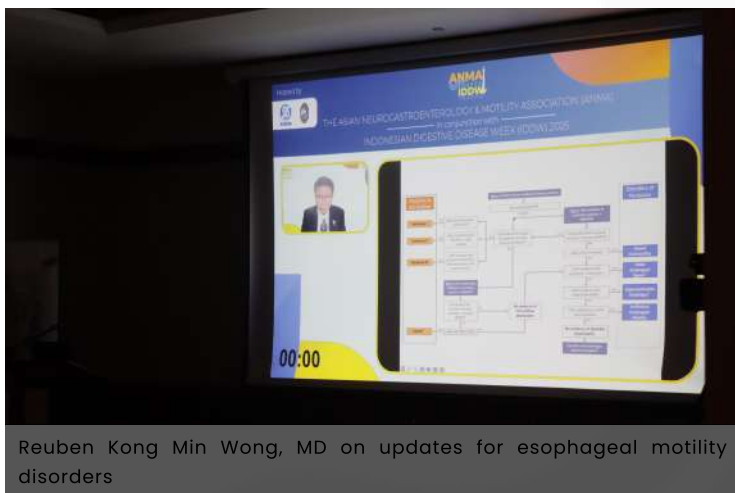
Following the live demonstration, participants reconvened in the main hall for the case interpretation session. In groups of three to four, they were each provided with a Laborie laptop containing manometry software and patient data from **Prof. Yeong Yeh Lee, MD, PhD**, who introduced the interface and guided the analysis using tracings to review the relevant anatomy and physiology. Key parameters, such as distal contractile integral (DCI), contractile deceleration point (CDP), and distal latency were explained. A distal latency over 4.5 seconds was considered normal, while shorter values indicated premature contractions, as in distal esophageal spasm, which may present as non-cardiac chest pain.

A second patient case followed, with groups analyzing independently, assisted by **Prof. Lee**. At the conclusion, he clarified the answers, reinforcing key clinical insights. This interactive format allowed direct application of theoretical knowledge to practical data interpretation, reinforcing the clinical relevance of high-resolution manometry in diagnosing esophageal motility disorders.

### **Lecture 3: Esophageal Motility Demystified – What's New in Chicago IV**

**Speaker: Reuben Kong Min Wong, MD**

The lecture, titled “Esophageal Motility Demystified – What's New in Chicago IV”, was delivered by **Reuben Kong Min Wong, MD** from Singapore. It outlined the latest updates in the Chicago Classification version 4.0 (CC v4.0) for esophageal motility disorders. He highlighted the importance of distinguishing between disorders of esophagogastric junction (EGJ) outflow and abnormalities of esophageal body function, with high-resolution manometry remaining the cornerstone of evaluation.



Achalasia is now categorized into three subtypes, while EGJ outflow obstruction requires supportive evidence before a definitive diagnosis can be established. Peristaltic disorders, including distal esophageal spasm, hypercontractile (jackhammer) esophagus, ineffective esophageal motility, and absent contractility, must be interpreted alongside clinical symptoms for meaningful application.

**Wong, MD** emphasized the increasing role of supportive and provocative testing. Techniques such as multiple rapid swallows, rapid drink challenge, and solid test swallows can uncover abnormalities missed by standard studies.

Pharmacologic provocation with amyl nitrite or cholecystokinin, along with adjunctive investigations such as timed barium esophagogram and functional lumen imaging probe, provide additional diagnostic clarity when manometric results are inconclusive.

In essence, **Wong, MD** stressed that CC v4.0 promotes a comprehensive and standardized approach, integrating manometric patterns, supportive testing, and clinical correlation to optimize patient management.

### **Lecture 4: Advanced Insights in MII-pH: Symptom Correlation and Acid-Independent Reflux**

**Speaker: Prof. Justin Che Yuen Wu**

**Prof. Justin Che Yuen Wu** delivered an insightful lecture exploring the role of multichannel intraluminal impedance-pH (MII-pH) monitoring in advancing the understanding of reflux disorders beyond traditional acid-focused paradigms. He emphasized that MII-pH provides significant advantages by detecting both acid and non-acid reflux, enabling a more comprehensive correlation between symptoms and reflux events.





The lecture highlighted several special scenarios where MII-pH is particularly valuable, such as in patients on acid suppression therapy, those with low baseline esophageal pH (e.g., infants), and cases involving proximal reflux or belching disorders. **Prof. Wu** explained how impedance can differentiate liquid, gas, and mixed reflux, providing diagnostic clarity in conditions such as supragastric belching and rumination syndrome.

Clinical data presented showed the importance of MII-pH in patients with persistent reflux symptoms despite proton pump inhibitor therapy. Findings demonstrated that weakly acidic reflux contributes significantly to symptom generation, particularly in extra-esophageal manifestations such as cough. Baseline mucosal impedance was also discussed as a promising marker to distinguish GERD from functional heartburn.

Lastly, **Prof. Wu** underscored that MII-pH monitoring refines the diagnostic approach to reflux disease by capturing acid-independent mechanisms and improving symptom association analysis, ultimately guiding more personalized and effective management strategies.

### **Case Interpretation pH Metry**

**Speaker: Prof. Yeong Yeh Lee, MD, PhD, Tanisa Patcharatrakul, MD, Reuben Kong Min Wong, MD, Prof. Justin Che Yuen Wu**

During the pH-metry case interpretation session led by **Prof. Yeong Yeh Lee, MD, PhD**, with contributions from **Tanisa Patcharatrakul, MD, Reuben Kong Min Wong, MD**, and **Prof. Justin Che Yuen Wu**, two challenging cases were presented to demonstrate the role of pH-impedance monitoring in GERD.



A portrait of the discussion happening during the case interpretation

The first case involved a 44-year-old male lecturer with persistent dyspepsia and comorbid anxiety disorder. Despite partial symptom relief with PPI therapy, endoscopy revealed mild to moderate gastric atrophy. Comprehensive pH-impedance analysis showed increased acid exposure time with both acid and weakly acidic reflux episodes. Symptom association probability confirmed a strong correlation between reflux events and symptom occurrence, establishing a diagnosis of pathological GERD. This case highlighted the importance of systematic interpretation of impedance tracings, reflux burden, and symptom correlation in guiding tailored management for refractory patients.

Another case was analyzed in groups, with participants independently interpreting impedance tracings from a 48-year-old female patient with recurrent chest pain and inconclusive cardiac workup. At the end, the faculty experts guided a collective discussion, offering clarifications and highlighting key teaching points. This approach not only reinforced practical skills in interpreting pH-impedance studies but also consolidated participants' understanding of diagnostic nuances through shared reflection and expert insight.

# Wrap Up and Closing Remarks



The workshop reached its conclusion with a post-test, which participants were required to complete within 10 minutes. This post-test served not only as an assessment of the knowledge gained but also as a reflection of participants' enthusiasm and commitment to learning. Among the participants, **Rasco Sandy Sihombing, MD**, distinguished himself by achieving both the highest and fastest post-test score, and was presented with a special gift in recognition of his outstanding performance.

The sessions ended on an uplifting and inspiring note, with the organizers expressing their heartfelt appreciation to all speakers, participants, as well as sponsor partners whose contributions were vital to the success of the workshop. To mark the occasion, a group photo was taken as a lasting memory for everyone involved. The closing remarks highlighted the importance of applying the lessons learned into practice, fostering collaboration, and sustaining professional growth beyond the workshop.

# Faculty Dinner (Faculty ANMA & IDDW 2025)



The Faculty/Welcoming Dinner was successfully held at Lobo Restaurant, The Ritz-Carlton Jakarta. The event was attended by more than 20 participants, including the Chairman, **Prof. Ari Fahrial Syam, MD, PhD**, and the Secretary General, **Amanda Pitarini Utari, MD**.

The evening began with an opening by the host, followed by welcoming remarks from the Chairman, **Prof. Ari**. Residents from the University of Indonesia delivered a wonderful cultural performance, showcasing traditional dances from Bali and Jakarta.

The dinner program continued with a live performance by a singer, accompanied by a six-course menu specially prepared for the occasion. The warm and engaging setting allowed participants to interact more closely outside formal sessions, strengthening collegial bonds.

The evening concluded with a joyful photo session for all faculties, followed by the lively Maumere dance that brought everyone together on the floor. With laughter, music, and camaraderie, the evening closed on a festive note. Just like that, a beautiful memory of Day 1 IDDW ANMA was created, setting the perfect tone for the days ahead.



# What Do The Participants Say?

## **Prof. Yeong Yeh Lee, MD, PhD**

The Motility Workshop at IDDW-ANMA 2025 marked an important milestone in advancing gastroenterology in Indonesia. Prof. Yeong Yeh Lee, MD, PhD, highlighted that motility testing is crucial for identifying functional gastrointestinal disorders, such as non-cardiac chest pain and reflux symptoms, particularly when conventional endoscopy is inconclusive. He emphasized that future gastroenterologists should embrace motility, as it benefits patients and also offers opportunities for research and teaching.



## **Rasco Sandy Sihombing, MD**

Among the participants, Rasco Sandy Sihombing, MD, post-test winner and third-year gastrohepatology fellow at RSCM, noted the workshop's relevance. He found the sessions highly valuable, combining theoretical insights with hands-on experience, enabling direct application to patient care. He suggested future workshops could be enhanced with comprehensive, case-based modules to better prepare participants for clinical scenarios.

## **Amanda Pitarini Utari, MD**

From an organizational standpoint, Amanda Pitarini Utari, MD, Secretary General and director of the workshop, underscored the significance of Indonesia hosting ANMA for the first time. She acknowledged that motility remains relatively underdeveloped locally due to limited equipment and training. Nevertheless, she expressed confidence that this inaugural workshop would serve as a crucial first step. Looking ahead, the Indonesian Society of Gastroenterology aims to expand programs to better meet the growing clinical needs of physicians and patients alike.



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