

Asymptomatic Oesophageal Achalasia: A Case of Mega Oesophagus

Augusto ACG^{1*}, Pereira FAG¹ and Fernandes AP²

¹USF Costa de Prata, ACeS Baixo Vouga, ARS Centro, Ílhavo, Portugal

²UCSP Anadia III, ACeS Baixo Vouga, ARS Centro, Anadia, Portugal

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2. Text

A 41-year-old man, previously healthy, presented to his primary medical doctor complaining of cold symptoms lasting for a week. After performed an x-ray, it suggested a large mediastinum. To clarify this finding, he was subjected to a thoracic computed tomography (CT), revealing an extensive oesophageal dilatation (transverse diameter of 10 cm – **Figure 1**). This determines a compression of the left lobe of the thyroid and cardiac chambers and significant reduction of the lumen of the trachea (**Figure 2**), as well as of the main lobular bronchi. The CT also showed the junction with the cardia was made at the diaphragmatic level, not identifying the typical aspect of the esophagogastric junction in a pencil-tip. Besides, this bulky achalasia, the patient denied dysphagia, regurgitation, heartburn, weight loss or nocturnal cough [1-3].

Achalasia is characterized by an absence of peristaltic contractions of oesophagus associated with an ineffective relaxation of the lower esophageal sphincter. More than 90% of patients have dysphagia and regurgitation. In this case, treatment is necessary to improve oesophageal emptying and to prevent further dilatation, as he had no symptoms. Moreover, food stasis increases the risk of hyperplasia, dysplasia, and oesophageal squamous cell carcinoma.

He was referred to the gastroenterology department for additional evaluation and treatment.

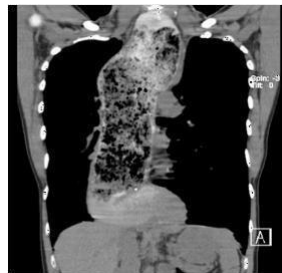


Figure 1: Thoracic CT showing an extensive oesophageal dilatation (maximum transverse diameter of 10 cm).

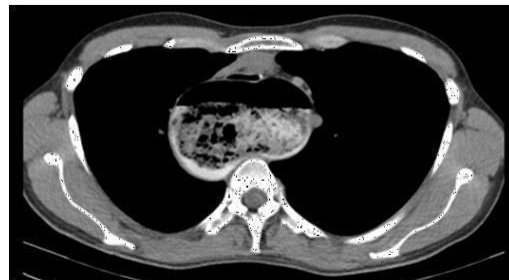


Figure 2: Thoracic CT showing a significant reduction of the lumen of the trachea (red arrow).

*Corresponding Author (s): Ana Carolina Gouveia Augusto, USF Costa de Prata, ACeS Baixo Vouga, ARS Centro, Ílhavo, Portugal, Tel: 351960223276, E-mail: acarolina.augusto@gmail.com

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