

Megaesophagus: The End-Stage Achalasia

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Achalasia is the most common primary motor disturbance of the oesophagus, whose prevalence is 1 patient for every 10.000, and its aetiology remains unknown. It is classified in 3 types, according to the contraction pattern of the oesophageal body; in its more extreme type, there is no oesophageal contraction at all. It may present with progressive and incapacitating dysphagia, regurgitation of non-digested foods, nocturnal cough, aspiration pneumonia, thoracic pain or weight loss. First line treatment comprises of endoscopic dilation, local botulinum toxin injection or Heller myotomy. In the end-stage achalasia, after failure of first line treatments, oesophageal resection may become the best alternative.

A 77-year-old male patient, with bronchitis, diabetes mellitus, and arterial hypertension and previous aspiration pneumonia, was referred to surgery, by the Gastroenterology team, for recurrent achalasia after failure of local botulinum toxin injection and 3 recent endoscopic dilations attempts. Imaging studies, including a thoracic and abdominal computerized tomography (CT) (**Figure 1** and **2**) revealed a completely atonic oesophagus, massively dilated (62mm in its greater diameter) until the level of the upper oesophageal sphincter (cricopharyngeal muscle), with a large thickness of the wall. After balancing benefits and risks of an oesophageal resection, he underwent an Ivor-Lewis sub-total esophagectomy (**Figure 3**) and was discharged home on the 9th post-operative day. He remains asymptomatic.

After failure of first line treatment for achalasia, such as endoscopic dilation, local botulinum toxin injection or Heller myotomy, oesophageal resection may become the only alternative. According to the literature, more than 80% of patients have symptom improvement after resection [1, 2]. A multidisciplinary team may offer a multimodal treatment, thus increasing the likelihood of success.



Figure 1: CT scan - axial view of the massively dilated oesophagus.

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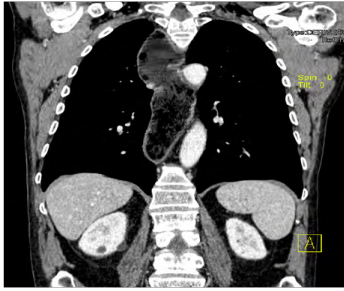


Figure 2: CT scan - coronal view of the massively dilated oesophagus.

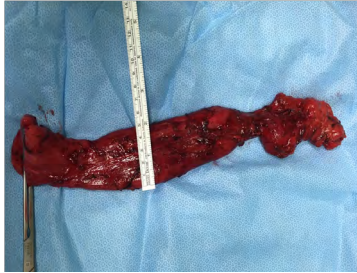


Figure 3: Specimen of the esophagectomy procedure.

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