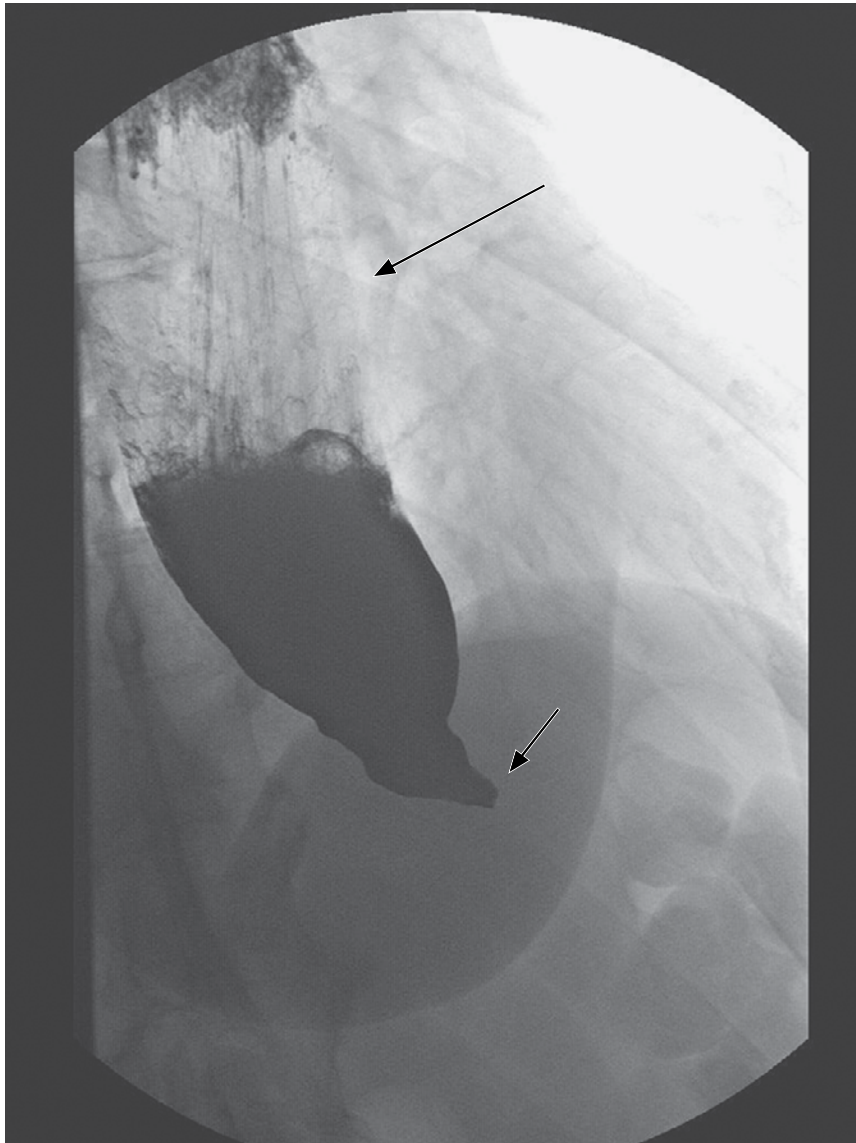
IMAGES IN CLINICAL MEDICINE

Achalasia



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A 43-year-old woman presented to the surgical clinic with a weight loss of 12 kg in the preceding 8 months and progressive dysphagia for solids and liquids. She also had dyspepsia and depression. Physical examination revealed her to be pale, without clubbing or lymphadenopathy. On abdominal examination, there were no palpable masses or organomegaly. Laboratory tests indicated normocytic, normochromic anemia, with a hemoglobin level of 9.8 g per deciliter. Test results for renal and liver function were within normal limits. On upper gastrointestinal endoscopy, the scope could not be moved beyond the gastroesophageal junction. A barium-swallow study showed a dilated esophagus (long arrow) with tapering at the distal end (short arrow). This tapering is often referred to as “bird’s beak appearance” and is typical of achalasia. The patient underwent a laparoscopic Heller’s myotomy, and at follow-up 6 months later she continued to remain symptomatic, with persistent narrowing at the gastroesophageal junction seen after a barium swallow. She was then lost to follow-up.

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