

## Clinical Image

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# Achalasia in the emergency room: An infrequent disease with typical images

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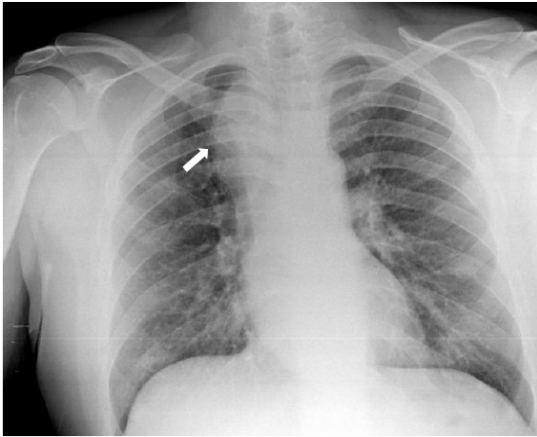
## Description

A 36-year-old male with no medical history was referred to the Emergency Room (ER) with complaints of vomiting and progressive dysphagia for solids and liquids over a two-week period. The patient denied other symptoms.

Upon presentation to the ER, both the physical examination and the blood analysis were unremarkable, but the chest X-ray revealed widening of the upper third of the mediastinum (Figure 1). For clarification, a chest Computed Tomography (CT) scan was performed. It revealed diffuse esophageal dilatation (mega esophagus) with thinning at the esophagogastric junction with significant stasis, without abnormal focal parietal thickening (Figures 2 and 3).

In order to drain the esophageal content, a nasogastric tube was placed. An upper gastrointestinal endoscopy confirmed esophageal dilatation and revealed hyperemia and congestion of the distal esophageal mucosa, but the biopsies found no evidence of neoplasia. No lesions were found in the stomach. Conventional esophageal manometry was then performed and the result confirmed the suspicion of achalasia.

This case illustrates the importance of proper diagnosis and treatment of achalasia, as it may cause symptoms such as dysphagia, regurgitation, chest pain, and weight loss, as well as increased risk of esophageal cancer, due to stasis of ingested food.



**Figure 1:** Chest X-ray showing widening of the upper mediastinum (white arrow).



**Figure 3:** Chest Computed Tomography (CT) scan (axial view) showing esophageal dilation with air-fluid level in the upper third (white arrow).



**Figure 2:** Chest Computed tomography (CT) scan (coronal view) showing diffuse esophageal dilatation (maximum size 8.5 cm in the proximal third) with thinning at the esophagogastric junction (white arrows) and significant endo-luminal content.