Mega Esophagus – An Atypical Presentation

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ABSTRACT

Megaesophagus, the most severe type of achalasia cardia is a rare disease. More than 90% of patients with Megaesophagus have dysphagia and regurgitation of food. We report a 44 year old smoker who was referred to us for an abnormal chest radiograph. The chest radiograph was taken during a routine health check up. Computed tomography and barium swallow revealed a grossly dilated and tortuous esophagus. Despite having severe disease this patient was surprisingly asymptomatic. This case confirms that symptoms do not always correlate with the severity of disease in achalasia cardia.

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INTRODUCTION

Mega esophagus represents the most severe form of achalasia cardia. Achalasia is an esophageal motor disorder characterized by diminished peristalsis in the distal portions of the esophagus due to absence of ganglion cells in the myenteric plexus. It has no age or race predilection. The average incidence is 0.6 per 100,000 persons.[1] Most patients are symptomatic and seek medical attention. We report a patient who was asymptomatic despite having a severe form of the disease.

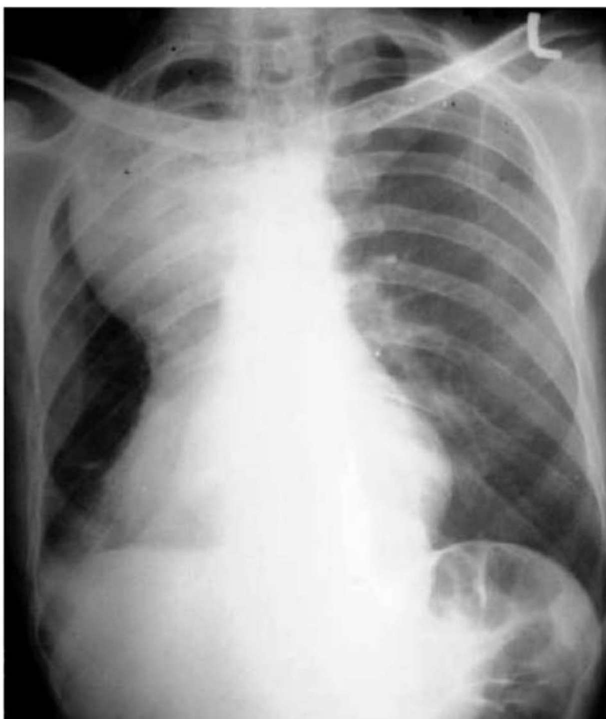

Figure 1. **Chest radiograph showing homogenous paramediastinal opacity with absent gastric bubble.**

CASE HISTORY

A forty four year old man who was a chronic smoker was referred to our hospital in view of an abnormal chest radiograph taken during a routine health check up. His vital signs were normal. On examination trachea was central and percussion note was impaired on the right anterior and lower posterior hemithorax. Air entry was diminished in the above areas. Examinations of other systems were unremarkable. Chest Radiograph (Figure 1) revealed homogenous linear paramediastinal opacity without any air fluid levels and absent fundal gas shadow. CT thorax (Figure 2) revealed dilated esophagus with food particle. A barium swallow

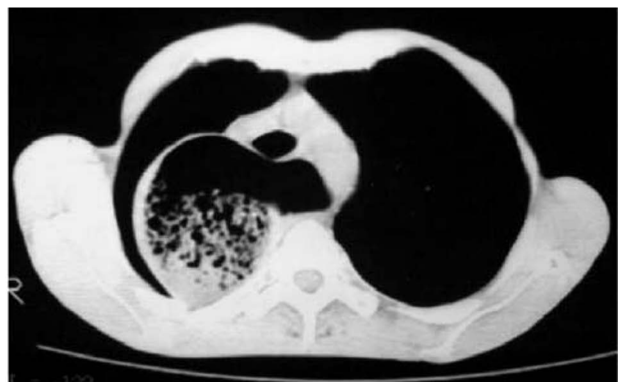

Figure 2. **CT scan showing grossly dilated esophagus with retained food debris.**

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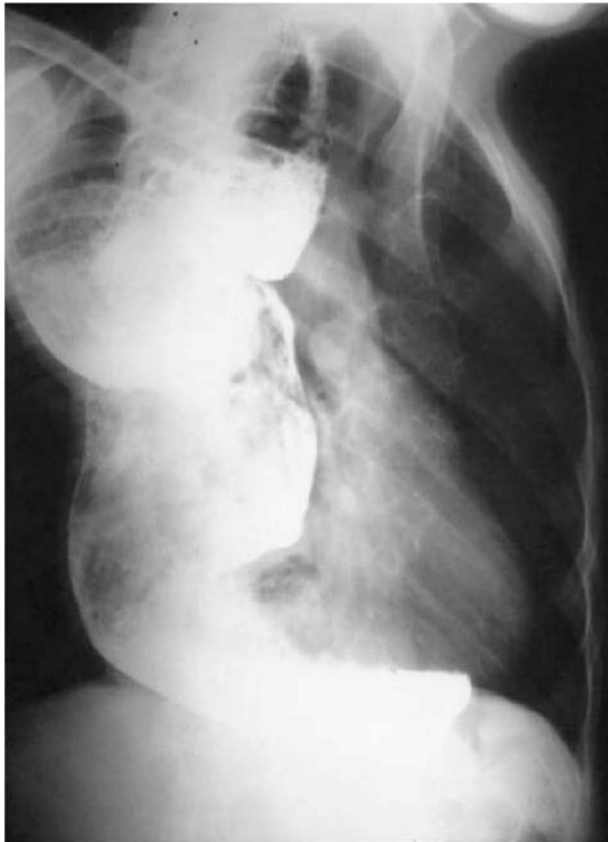

Figure 3. **Barium swallow showing retained barium in a dilated, tortuous megaesophagus.**

(Figure 3) showed grossly dilated, tortuous esophagus with retention of barium suggestive of megaesophagus.

DISCUSSION

Mega esophagus is a very late consequence of untreated achalasia cardia. The symptoms which begin as intermittent; become more severe and constant as the disease progresses. Achalasia can be primary or secondary. Secondary achalasia is due to benign diseases like Chagas disease or malignant lesions like carcinomas around the gastroesophageal junction. Dysphagia is the most common presenting symptom in patients with achalasia cardia found in 90% of the cases.[2] Other common symptoms are those related to gastro esophageal reflux, weight loss and chest discomfort or pain. Some patients present with features of recurrent respiratory infections due to the aspiration of regurgitated contents of the esophagus.

This patient's presentation was unique since he was asymptomatic and was picked up during a routine health check up. Surprisingly the patient did not complain of any difficulty in swallowing or regurgitation of food materials. Severity of achalasia cardia can be graded as minimal, mild, moderate or severe.[3] Minimal achalasia is described when the peristalsis is normal in the upper third of esophagus and disorganized below with no dilatation. In compensated or mild achalasia there is vigorous disorganized motor activity with a dilatation of less than 4 cms. Moderate achalasia features absent peristalsis and esophageal dilation of 4-6 cms. When the esophagus is tortuous and dilated to a maximum diameter of 6 cms or more it is called mega esophagus.

The diagnosis is made by Chest Radiograph, barium swallow and esophagoscopy. The findings on a chest Radiograph include paramediastinal homogenous opacity, air fluid levels and absence of gastric air bubble. Recurrent aspirations may lead to development of pneumonia or lung abscess. A barium swallow can demonstrate the dilated esophagus with retention of barium. CT scan helps to differentiate a primary from secondary causes of achalasia.[4]

This patient's Chest Radiograph revealed a homogenous paramediastinal shadow and absence of gastric air bubble. There was no air fluid level in the chest Radiograph.

Though most cases are symptomatic this case highlights the difficulty and delay in diagnosis of achalasia in the asymptomatic subset. The delay can cause achalasia to progress to mega esophagus. A similar case was reported from India in 2005.[5]

END NOTE

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