IMAGES

Achalasia

Marcelina GIL CASTUERA[1], **María Cristina MARTÍN DOMÍNGUEZ**[2]

[1]Servicio de Urgencias, Hospital de Zafra, Badajoz, Spain. [2]Hospital San Pedro de Alcántara, Cáceres, Spain.

A 51 year-old woman with a history of hypertension, depression, thyroid cancer treated with radiotherapy and achalasia consulted our emergency department with persistent cough despite several treatments prescribed by her physician (mucolytics, antihistamines, bronchodilators, and several antibiotics), dyspnea and fever in the last few days. Physical examination showed bibasal crackles in mid-lung fields. Chest x-ray showed striking well-defined mediastinal thickening with a hyperdense image within it (Figure 1, left). The patient was hospitalized for chest computed tomography (CT) scan which confirmed marked esophageal dilatation and elongation, with abundant food content, compatible with esophageal achalasia. Achalasia is a degenerative disorder of intramural inhibitory neurons responsible for smooth muscle relaxation and peristalsis. It results in hypertonic lower esophageal sphincter, with alteration of muscle relaxation and esophageal peristalsis. There are different causes and treatment is medical (endoscopic injection of botulinum) or surgical.

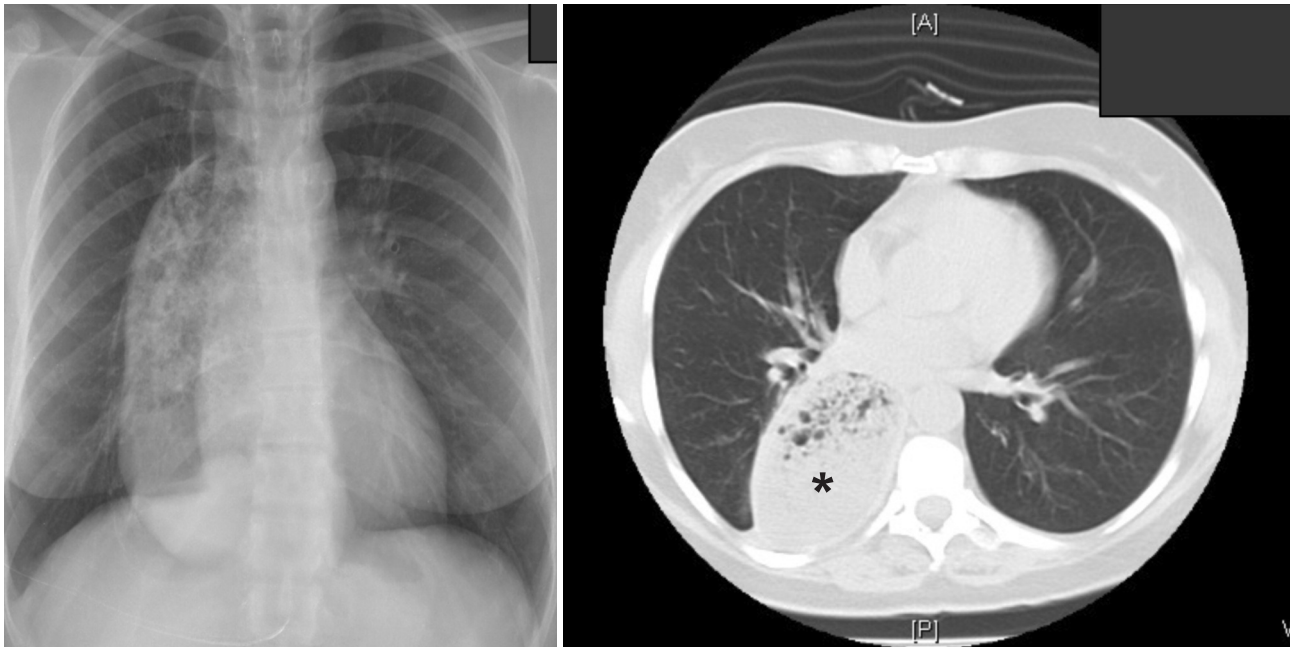

Figure 1. Left: X-ray showing well-defined mediastinal widening. Right: CT scan showing marked esophageal dilatation and elongation with abundant food content (asterisk).

Correspondence: M. Gil Castuera. C/ Oasaca, 3, 1º A. 10005 Cáceres, Spain. E-mail: magilcas@hotmail.com
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