Clinics in Surgery

Clinical Image
Published: 24 Apr, 2017

Gnarly Esophagus

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Clinical Image

A 78-year-old woman with diastolic heart failure, hypertension, abdominal aortic aneurysm, severe spinal stenosis and cervical and thoracic myelopathy presented with a 4-years history of dysphagia to both solids and liquids. The symptoms were worse with dense foods and cold liquids, but occurred with all meals. Sensation of sticking was below the sternal notch. Associated symptoms included occasional nausea, but no vomiting or odynophagia. Over the past one year, she lost 15 pounds unintentionally. She underwent double contrast barium upper gastrointestinal study which showed a severely tortuous esophagus with poor motility and poor emptying (Figure A) and identified a large hiatal hernia. Endoscopic evaluation was performed to identify any areas of focal stricture which might be dilated. A 10-cm hiatal hernia in addition to a corkscrew esophagus was confirmed with no focal strictures (Figure B). The distal esophagus had three 90-degree angulations. The patient's course was complicated by worsening neurological and spinal issues eventually confining her to a wheelchair. Her findings were radiographically and endoscopically consistent with diffuse esophageal spasm; esophageal manometry was not performed. Conservative treatment was advised.

Discussion

Treatment for esophageal motility disorders is aimed at the main symptoms of dysphagia and chest pain. Targets include underlying gastroesophageal reflux disease, spastic or motility etiologies, or visceral hypersensitivity. Varying degrees of evidence exist for use of proton pump inhibitors (omeprazole, lansoprazole and rabeprazole), calcium channel blockers (diltiazem, nifedipine), anxiolytics (trazadone), nitrates, phosphodiesterase inhibitors, theophylline, and imipramine

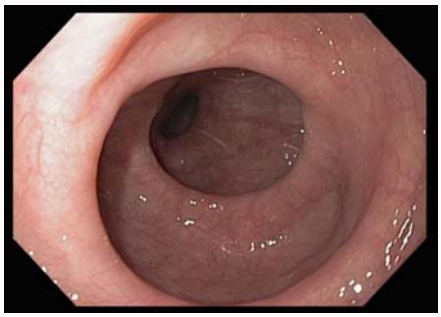

Figure A: Contrast barium upper gastrointestinal study which showed a severely tortuous esophagus with poor motility and poor emptying.

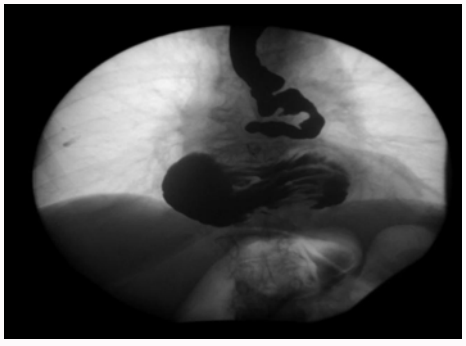

Figure B: A corkscrew esophagus was confirmed with no focal strictures.

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Received Date: *27 Jan 2017*
Accepted Date: *17 Apr 2017*
Published Date: *24 Apr 2017*

Citation:
Kardashian A, Strum W. Gnarly Esophagus. Clin Surg. 2017; 2: 1427.

among others. Botulinum toxin injection may provide symptom relief, particularly from dysphagia. Given the anatomic features of this patient's esophagus, we did not feel that this would provide sufficient benefit [1].

Pneumatic dilation may provide symptomatic relief from focal strictures. Surgical interventions, including long esophageal myotomy with proximal extension, are largely reserved for refractory symptoms in patients with anatomically straight esophagus. Treatment options for a severely angulated esophagus, as in this case, are more limited. The possibilities include repair of the hiatal hernia to partially straighten the esophagus and placement of a percutaneous gastric feeding tube to bypass the obstruction. We prescribed for her a conservative approach with a soft diet, small meals, and maintaining an upright posture for at least one hour after meals. Over the last 30 months she has been able to tolerate soft foods and liquids and has maintained her weight [2].

References

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