

Gastroid Achalasia

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A 69 years old male patient who described dysphagia lasting for 10 years had diagnosed with achalasia 5 years ago. The patient who refused treatment at that time, presented to our clinic due to his increased complaints and weight loss. On the thoracic computed tomography, a dilated giant esophagus with a width reaching to 12 cm was observed in the right hemithorax. On the coronal section, pathology was seen to affect all the thoracic esophagus (Figure 1 A). Lung parenchyma was found to be emphysematous and some sporadic bronchiectasis areas were observed in the lung parenchyma under esophageal compression. Esophagectomy (Figure 1 B,C) and gastric replacement were scheduled for this patient. Following Ivor-Lewis procedure, esophagectomy and gastric interposition were performed. Achalasia cases with a diameter of esophagus greater than 6 cm have been described as “Sigmoid Achalasia”. This description has been made due to similarity between esophagus and sigmoid colon both in terms of diameter and the angulations seen in esophagus. In our case which is rarely seen, diameter of the esophagus reached to 12 cm and radiologically mimicked intrathoracic stomach. We believe that, cases with a diameter of esophagus exceeding 10 cm would be proper to be named as “Gastroid Achalasia” (1). In this article, we presented an achalasia case in which esophagus reached to giant sizes, surgical treatment for such cases and our new terminological proposal to better describe such cases.

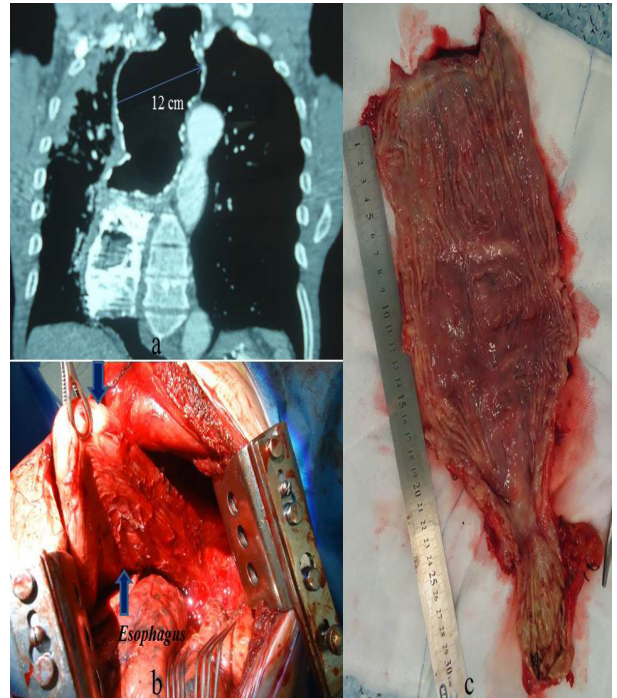


Figure 1. Pathology was seen to affect all the thoracic esophagus (CT scan) and Esophagectomy in B and C picture.

REFERENCES

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