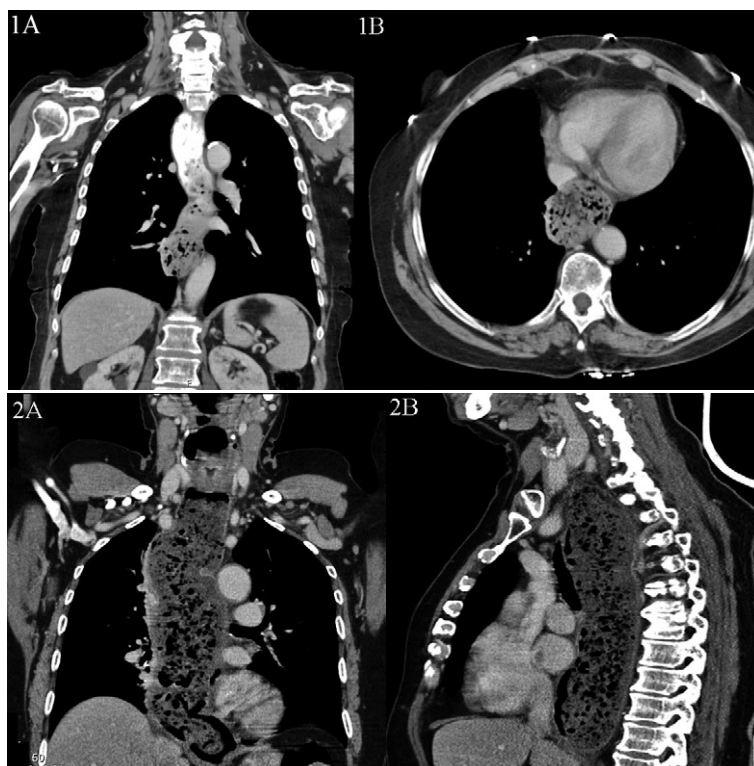


Massive Food Impaction in Achalasia

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We report two cases of acute dysphagia in the context of massive food impaction. The first one, a 78-year-old woman, presented with a late complication of achalasia and in the other case, a 65-year-old woman, the impaction was the first manifestation of this disease. In both cases, upper endoscopy revealed a dilated esophagus with food occupying its entire lumen, with no identifiable strictures or masses. Chest CT scan was performed in both patients revealing marked distention of the esophagus, reaching a maximum diameter of 53 mm in case 1 (Fig. 1A, coronal scan, 1B axial view) and 62 mm in case 2 (Fig. 2A coronal scan, 2B sagittal view), containing a conspicuous amount of food.

Given the failure of the endoscopic approach it was decided to perform rigid esophagoscopy under general anaesthesia in Case 1. In the second patient a conservative approach was assumed and the patient was admitted for nutritional support and surveillance. Subsequent esophageal manometry confirmed the diagnosis of type I achalasia. She then underwent endoscopic pneumatic dilations with only mild symptomatic improvement, and a laparoscopic Heller myotomy was eventually performed.

Achalasia is a rare condition characterized by an ineffective relaxation of the lower esophageal sphincter associated with absence of peristaltic contractions of the esophagus body [1]. Most patients present with dysphagia for solids and liquids which progresses slowly over months to years, often accompanied by regurgitation, weight loss

and sometimes chest pain [1]. Cases of food impaction in the context of achalasia are rare [2], probably due to the diet modifications that patients adopt over time [3]. As a landmark of long-term achalasia, marked dilation of the esophagus can store massive amounts of food that limit the endoscopic intervention in case of impaction, as in the described cases. In these situations, surgery may be the only and best solution, especially if conservative measures fail [2].

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