

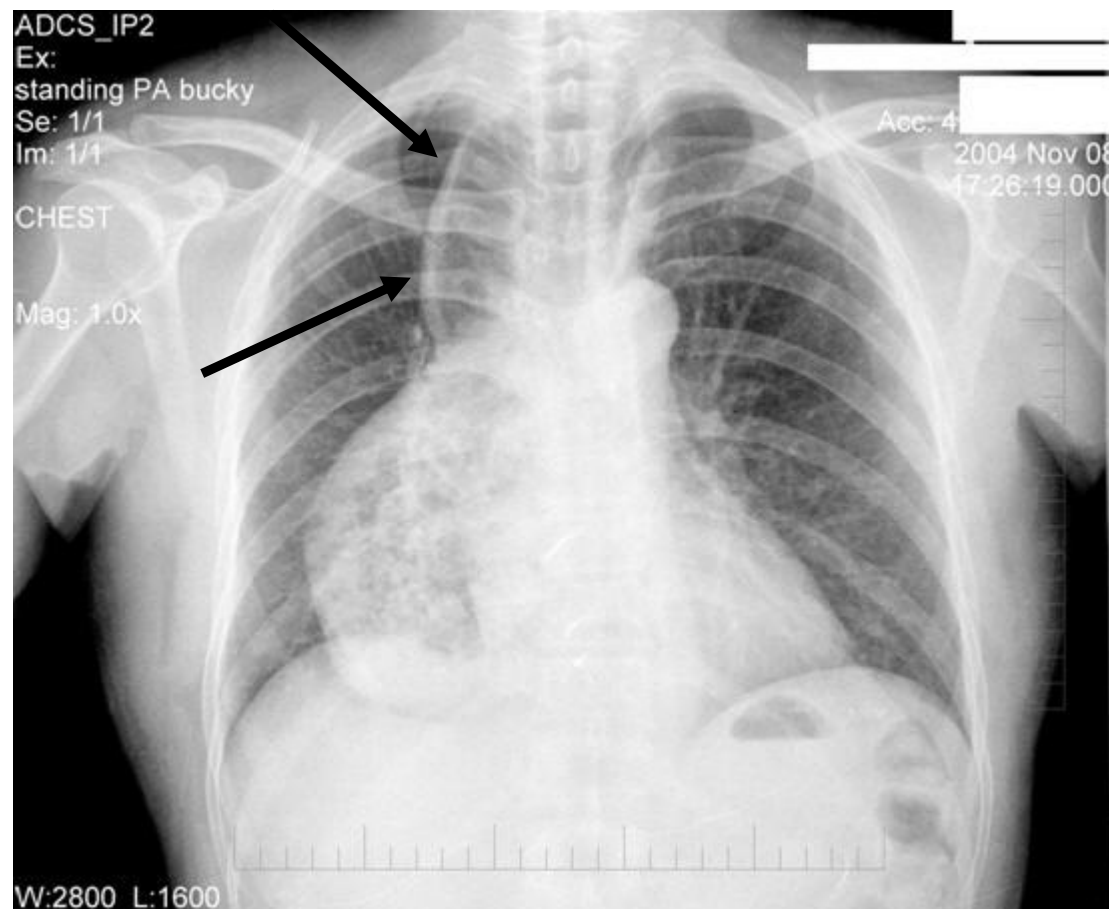


An incidental thoracic mass

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A 64-year-old asymptomatic gentleman with Type 2 diabetes mellitus underwent a routine chest radiograph (Figure 1).

Figure 1



What is the diagnosis?

Answer

The chest radiograph shows substantial dilatation of the oesophagus (arrows). These findings are suggestive of an asymptomatic *achalasia cardia*.

Usually chest radiograph findings in achalasia cardia include the absence of the gastric air bubble and finding of an air/fluid level in the thorax. However, in this case both these findings were absent. The diagnosis of achalasia can be confirmed by barium swallow in which an air fluid level mixed with barium can be seen in the thorax at the region of the aortic arch. When in doubt about the nature of obstruction at the gastro-oesophageal junction the patient can be asked to drink a glass of hot water in the erect position. This causes immediate and pronounced dilatation of the gastro-oesophageal junction and the whole barium suddenly passes into the stomach.

In our case the diagnosis was confirmed by a computed tomographic scan of the thorax (Figure 2) which revealed dilated lower oesophagus with a clear air fluid level.

Figure 2



Discussion

The cause of achalasia cardia is unknown but histologically there is degeneration of the myenteric plexus at the gastro-oesophageal junction. In this particular patient endoscopic dilatation was attempted which was unsuccessful. Subsequently a successful Heller's myotomy was performed.

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