TROUBLE SWALLOWING: ACHALASIA REPORT #2777

BACKGROUND: Achalasia is a rare disorder of the esophagus, which is the tube that carries food from the throat to the stomach. It is the impaired ability to push food down toward the stomach, failure of the ring-shaped muscle at the bottom of the esophagus, the lower esophageal sphincter (LES), to relax. What typically moves food through the esophagus is the contraction and relaxation of the sphincter. The exact cause of achalasia is not known. Some clinical researchers suspect that the condition may be caused by the degeneration of a group of nerves located in the chest. It is believed that there may be a rare, inherited form of achalasia, but this is not yet well understood.
(Source: https://rarediseases.org/rare-diseases/achalasia/#:~:text=Achalasia%20is%20a%20rare%20disorder,(LES)%2C%20to%20relax and

DIAGNOSIS OF ACHALASIA: Patients usually describe a worsening in swallowing (dysphagia) of solid and liquid food over a period of many months. They may experience regurgitation of food, chest pain, or loss of weight. Because patients typically learn to compensate for their swallowing by taking smaller bites, chewing well, and eating slowly, the diagnosis of achalasia often is delayed by months or even years. This delay is unfortunate because early treatment could prevent esophageal dilation and its complications. The dysphagia in achalasia is different from the dysphagia of esophageal stricture (narrowing of the esophagus due to scarring) and esophageal cancer. In achalasia, dysphagia usually occurs with both solid and liquid food, whereas in esophageal stricture and cancer, the dysphagia typically occurs only with solid food and not liquids, until very late in the progression of the stricture.
(Source: https://www.medicinenet.com/achalasia/article.htm#how_is_achalasia_diagnosed)

TREATMENT APPROACH: Treatments for achalasia focuses on relaxing, or stretching open, the lower esophageal sphincter. This allows food and liquid to move more easily through the digestive tract. Some nonsurgical options include pneumatic dilation. It is where a balloon is inserted by endoscopy into the center of the esophageal sphincter and inflated to enlarge the opening. This outpatient procedure may need to be repeated. Another option is Botox. This muscle relaxant is injected directly into the esophageal sphincter with an endoscopic needle. It's generally recommended for people who aren't good candidates for pneumatic dilation or surgery. Or, your doctor might suggest muscle relaxants such as nitroglycerin (Nitrostat) or nifedipine (Procardia) before eating. Some surgical options are a heller myotomy. This is where the surgeon cuts the muscle at the lower end of the esophageal sphincter to allow food to pass more easily into the stomach. To avoid future problems with GERD, a procedure known as fundoplication might be performed at the same time. Another option is a peroral endoscopic myotomy (POEM). In this procedure, the surgeon uses an endoscope inserted through the mouth and down the throat to create an incision in the inside lining of the esophagus. Then, the surgeon cuts the muscle at the lower end of the esophageal sphincter.
(Source: https://www.mayoclinic.org/diseases-conditions/achalasia/diagnosis-treatment/drc-20352851)

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