A CASE OF MEGAOESOPHAGUS DUE TO CARDIOSPASM

By PATRICK J. SWEENEY, M.D., F.R.C.P.I., M.R.C.P.
Consultant Physician, Fermanagh County and Erne Hospitals

The following case is reported because of the interesting radiological appearances and the unusually long history.

G. M., a farmer, aged 59, was first seen on May 28, 1956. He complained of a dry cough which had been present for some years. His physical examination revealed no particular abnormality and though he was rather thinly built, he did not appear to be under-nourished. His weight was 9st. 7lb. His chest X-ray (see Fig. 1) was interesting, to say the least. Following the X-ray, his history was gone into in some detail and the following relevant facts were elicited.

In 1920, following influenza, he first noticed difficulty in swallowing both liquid and solid food. The food or drink seemed to 'stick' at the level of the Ziphysternum. His general health was very poor at this time and he lost weight, at one time being as low as 6 stone. In 1927, he was a patient in a mental hospital for a period of 9 months and again in 1940 he was an in-patient in the same hospital for a second period of 9 months. Inquiries made to the hospital concerned elicited little information beyond the fact that he was admitted

FIG. 1.—A dense opacity with a sharply defined edge extends from the clavicle to the diaphragm and well to the right of the cardiac shadow and supra cardiac area.

FIG. 2.—After the administration of a barium meal. The grossly dilated oesophagus is clearly outlined and comparison with Fig. 1 shows how closely the opacities correspond.

FIG. 3.—The barium can be seen entering the stomach through a grossly dilated cardia.

suffering from 'manic psychosis' but settled down on treatment and was discharged within a few months. There was no record of any abdominal or thoracic lesion or symptoms, and no history of difficulty in taking food or swallowing. For the past ten years or so he has had no difficulty in

eating or drinking, his appetite has been good, and his bowel habit reasonably normal. He was admitted to hospital for investigation and Fig. 2 shows the result of a barium swallow. Fig. 3 is an oblique view. Oesophagoscopy revealed no ulceration of the oesophageal wall. During his short stay in hospital, he remained afebrile, had no complaints, and appeared to eat and drink quite normally.

Comment

This case is chiefly of interest because of the radiological appearances in the P.A. view of chest. Shanks, discussing this condition in its latter stages, states that a straight film of the chest may show an opacity emerging from the superior mediastinum spreading over and obscuring the right hilum to disappear behind the right border of the heart. In this case, the opacity continues practically in a straight line from the clavicle to the extreme base, and well to the right of the heart shadow. Ritvo shows a similar picture but observes that the extent of the change is not typical of cardiospasm. In the present case, the condition has undoubtedly been progressing for at least 36 years. There is no obstruction to the passage of food into the stomach, and there would appear to be no indications for surgical treatment.

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