

14th International Conference on

Clinical Gastroenterology and Hepatology

August 29-30, 2018 | Toronto, Canada

Achalasia

Edwin V Berenguer

Internal Medicine Remedios Trinidad Romualdez Medical Foundation, Philippines

A 58 years old man was admitted with the complaints of prolonged dysphagia and regurgitation of food and saliva. The patient had some weight loss but no anorexia. Barium swallow esophagus showed marked dilatation of the esophagus with regular tapering of its lower end. The patient was diagnosed as achalasia and advice for esophago-cardiomyotomy operation. Literature was reviewed to compare currently available therapies for achalasia and it is recommended that the patient should undergo laparoscopic myotomy and partial fundoplication (to prevent free reflux of gastric acid into the esophagus) for better remission. Other treatment modalities such as Botulinum toxin injection and pneumatic dilation can offer dysphagia control, but they are temporary and reversible measures. The objective of this case report is to review the currently available treatment modalities for the management of achalasia.

edz.intermed@gmail.com