Psuedoachalasia in lung cancer; A case report

Mohammed Asim Ansari, MD, Bernard Dankyi, MD, Bilal Ashraf, MD, T ehreem Khalid, MD
Thomas Brown, MD

UNIVERSITY OF CENTRAL FLORIDA | Ocala Health
UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE / HCA HEALTHCARE GME CONSORTIUM

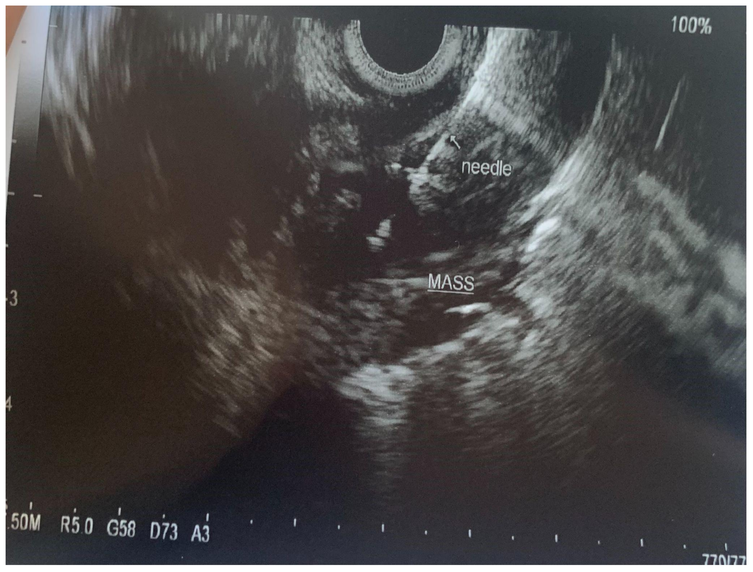
Background

Although not common, lung tumor-induced achalasia will occasionally be encountered by gastroenterologists in patients with dysphagia and/or achalasia. Clinical features suggesting the possibility of malignancy as a cause of achalasia include: abrupt development of the dysphagia, significant unintentional weight loss in a short period of time (>15 pounds), age > 55 years; and extensive smoking history (>20 years).

Case presentation

A 67-year-old male with extensive smoking history presented to the hospital with complaints of difficulty tolerating foods and liquids with intermittent nausea and vomiting. Patient has to cut food into pieces to be able to go down. At presentation he had lost 25lbs in 2 weeks. CT abdomen showed abnormality at the gastroesophageal junction. EGD which showed a severely ulcerated esophagus with a stenotic mass effect in the distal third of the esophagus preventing the scope from advancing into the stomach

Imaging



Discussion

Differentiating between idiopathic achalasia and pseudoachalasia is difficult and is often only possible when there is a diagnosis of other illnesses observed to have caused patients to experience achalasia symptoms with malignancy accounting for about 5% of these cases (Campo, 2013). Esophageal and gastric cancers tend to be the most common malignancies that cause pseudoachalasia, accounting for up to 70% of cases (Gockel et al., 2005). It is quite rare to come across a case of lung cancer causing pseudoachalasia and for that reason very little literature exists about the association between the two and its clinical expressions. In this particular case the ability for food to go down albeit in extreme difficulty indicated that there was some peristalsis which is seen often in pseudoachalasia but not in idiopathic achalasia (Kim et al., 2015). Another factor which helped in our diagnosis was the inability of the scope to advance past the mass unless moderate pressure was applied. In achalasia patients, the scope should be able to advance past the gastroesophageal junction with no more than light pressure applied (Eckardt & Eckardt, 2009). Existing literature indicates that in many cases, the presentation of achalasia symptoms precedes the diagnosis of cancer in pseudoachalasia sufferers. Therefore, testing and retesting may need to be done to rule out malignancy in patients who present with achalasia symptoms who are over the age of 60 years, have a history of smoking, and have experienced rapid weight loss in a short period of time (Tucker, 1978).

Conclusion

Type your text

Pseudoachalasia as cause of dysphagia is rare finding that can cause the patient significant discomfort and distress. Early diagnosis and treatment with palliative measures can ease the suffering of the patient and prevent complications that may lead to repeated hospitalizations.

References

- Campo, S. M. (2013). Pseudoachalasia: A peculiar case report and review of the literature. World Journal of Gastrointestinal Endoscopy, 5(9), 450. https://doi.org/10.4253/wjge.v5.i9.450
- Dodds, W., Stewart, E., Kishk, S., Kahrilas, P., & Hogan, W. (1986). Radiologic amyl nitrite test for distinguishing pseudoachalasia from idiopathic achalasia. American Journal of Roentgenology, 146(1), 21-23. https://doi.org/10.2214/ajr.146.1.21
- Eckardt, A. J., & Eckardt, V. F. (2009). Current clinical approach to achalasia. World Journal of Gastroenterology, 15(32), 3969. https://doi.org/10.3748/wjg.15.3969
- Gockel, I., Eckardt, V. F., Schmitt, T., & Junginger, T. (2005). Pseudoachalasia: A case series and analysis of the literature. Scandinavian Journal of Gastroenterology, 40(4), 378-385. https://doi.org/10.1080/00365520510012118
- Kim, H. M., Chu, J. M., Kim, W. H., Hong, S. P., Hahm, K. B., & Ko, K. H. (2015). Extragastroesophageal malignancy-associated secondary Achalasia: A rare association of pancreatic cancer rendering alarm manifestation. Clinical Endoscopy, 48(4), 328. https://doi.org/10.5946/ce.2015.48.4.328
- Tucker, H. J. (1978). Achalasia secondary to carcinoma: Manometric and clinical features. Annals of Internal Medicine, 89(3), 315. https://doi.org/10.7326/0003-4819-89-3-315

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

HCA Healthcare®