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Dysphagia Megalatiensis: A Modern Day Mimicker of Gastric Dysphagias.

Danial Nasif[1], Lara Zakarna[1], Patil Balozian[1], Abdul Rahman Al Armashi[2], Keyvan Ravakhah[1]

[1]St. Vincent Charity Medical Center, Cleveland, OH; [2]University Hospitals, Case Western Reseve University, Cleveland, OH

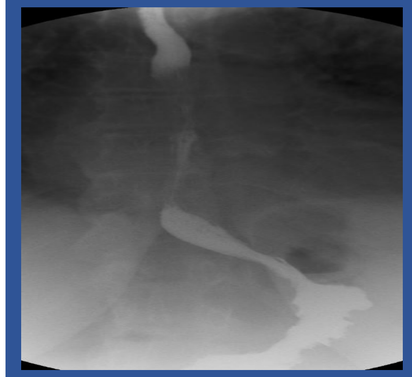
BACKGROUND

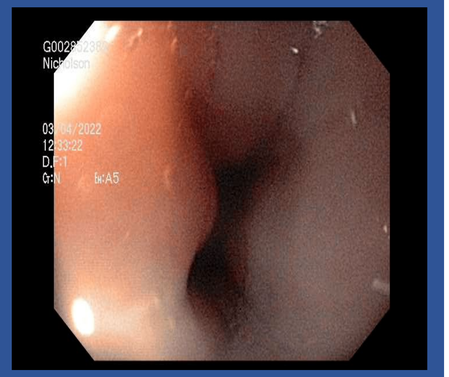
Cardiomegaly-induced dysphagia, also known as Dysphagia Megalatiensis had been previously reported to be secondary to Left Atrial enlargement. We are reporting an uncommon case where the dysphagia was induced by Left Ventricular enlargement.

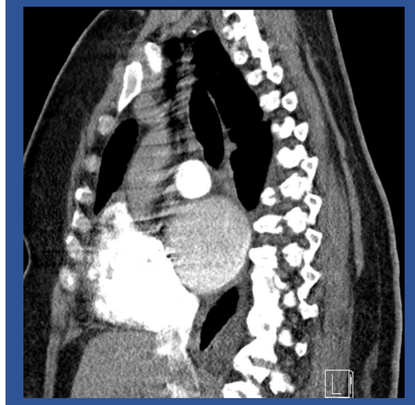
CASE PRESENTATION

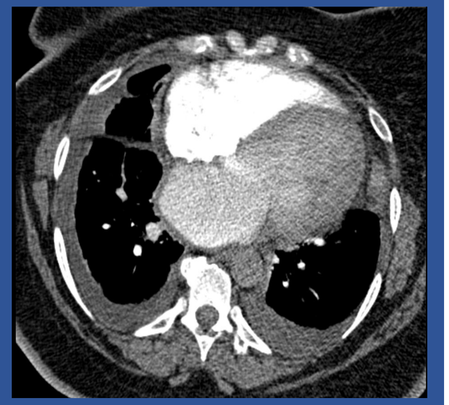
The patient is a 59 year old female with a past medical history of heart failure with reduced ejection fraction (EF) of 30%, who presented to the outpatient clinic with 3 months duration of dysphagia to solids and liquids. Her symptoms had started a few years prior to presentation and had worsened significantly in the past 3 months. She complained of regurgitation of undigested food associated with intermittent heartburn, not alleviated by antacids. Review of systems (ROS) was positive for recent lower extremity edema and unremarkable otherwise. Laboratory workup was negative for anemia with normal biochemical and liver function tests. The patient was vitally stable with a physical remarkable for mild pitting edema of bilateral lower extremities with a normal abdominal exam. Barium esophagogram revealed narrowing of the lower esophagus and delay of barium emptying. Esophagogastroduodenoscopy showed an extrinsic compression in the mid esophageal area, with narrowed esophageal lumen of 25-30 cm from the incisors in the absence of fixed structures or strictures. Transthoracic echocardiogram (TTE) followed by nuclear medicine cardiac perfusion stress test diagnosed severe left ventricular dilatation with an EF of 25% highlighting this left ventricular dilatation as the primary etiology for this patient's dysphagia. The patient was managed with conservative modalities, dietary modification and outpatient follow up monitoring.

Dysphagia Megalatiensis is a challenging diagnosis since **it lacks specific clinical symptoms.**









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Danialnasif@gmail.com

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DISCUSSION

An uncommon and often unrecognised cause of esophageal dysphagia is Left Atrial or Ventricular dilation. Cardiac changes such as mitral stenosis and backup pressure from the left ventricle will result in left atrial enlargement, and anatomically, being the most posterior chamber of the heart and directly anterior to the oesophagus, LAE will lead to external compression of the middle oesophagus, leading to dysphagia. By following Dysphagia workup algorithm of the college of gastroenterology and Canadian association of gastroenterology, our patient fulfilled the criteria for an esophagogastroduodenoscopy (OGD). The clinical dyspnea on exertion correlated with the external compression of the esophagus, promoted further cardiovascular workup, CTA, Echocardiogram and nuclear stress test, all of which arided in the diagnosed of the underlying etiology (Dysphagia megalatiensis)

CONCLUSION

This case highlights that achalasia could be the presentation of cardiomegaly and that left ventricular dilatation is a legitimate etiology that should always be considered in an outpatient setting. Dysphagia Megalatiensis is often a challenging diagnosis but when pretest probability is high, a cardiac workup is warranted.

ST. VINCENT CHARITY MEDICAL CENTER

University Hospitals Seidman Cancer Center

CASE WESTERN RESERVE UNIVERSITY EST. 1826