

Introduction

- Achalasia is a rare motility disorder characterized by loss of inhibitory neurons of the myenteric plexus in the esophageal wall
- Previous retrospective studies have suggested 4% of patients that present with achalasia-like symptoms and radiographic and esophageal manometric findings consistent achalasia will have causes of dysphagia besides primary achalasia, or pseudoachalasia
- We describe a case of pseudoachalasia from a rare cause in a patient with dysphagia and weight loss

Case Description and Methods

- 84-year-old female presented with dysphagia for solids more than liquids, regurgitation of food, and 50 lbs. weight loss over six months
- High-resolution esophageal manometry demonstrated hypertensive lower-esophageal sphincter, failed peristalsis, incomplete bolus clearance, and pan-esophageal pressurization (Figure 1, bottom)
- Upper GI series demonstrated minimal passage of barium into the stomach, with a tapering of the esophagus with a bird beak-like pattern
- Referred for POEM for achalasia
- GE junction was noted to be very tight during POEM and would not allow passage of the gastroscope
- To advance the gastroscope into the stomach, balloon dilation over a guide wire was performed using a through-the-scope balloon

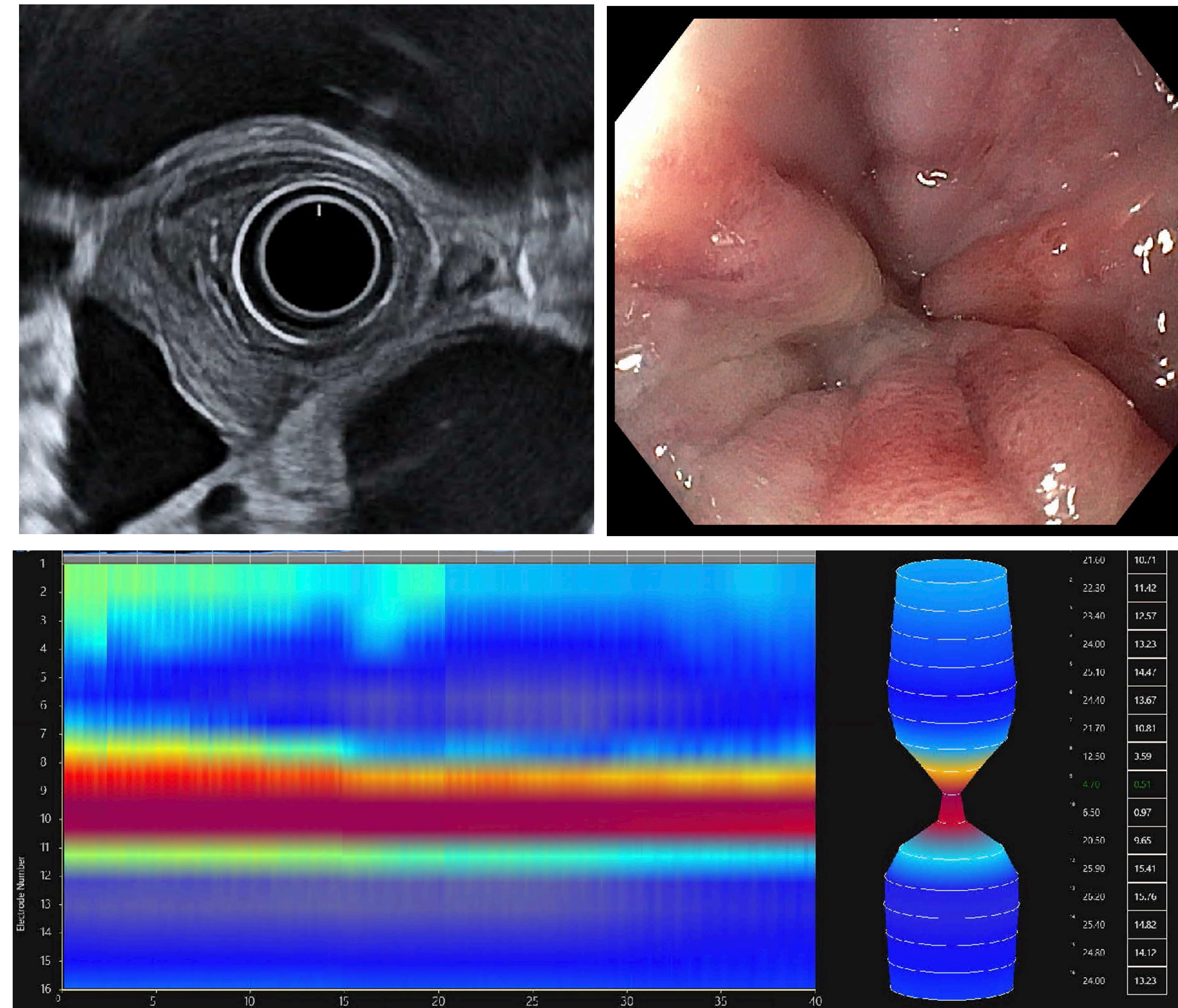


Figure 1. Lesion demonstrated in distal esophagus of endoscopic ultrasound (top left), white light endoscopy (top right); high-resolution manometry demonstrated persistent distal esophageal pressurization

Etiology of Pseudoachalasia	Frequency
Cardia-esophageal adenocarcinoma	50%
Secondary malignancy	19%
Benign mass	14%
Postoperative complications	11%
CNS Disease	3.5%
Paraneoplastic syndrome	2.5%

Table 1. Frequencies for various etiologies of pseudoachalasia¹

Case Description (Cont.)

- EUS demonstrated heterogeneous thickening of the esophageal wall extending to the GE junction and gastric cardia (Figure 1, top left)
- At the GE junction there was a solid, hard hypoechoic lesion that resisted passage of the endoscope
- Pathologic and immunohistochemical analysis of a core tissue biopsy demonstrated atypical mesothelial cells suggestive of mesothelioma

Discussion

- The epidemiology of pseudoachalasia remains uncertain given its etiologic underpinnings are heterogenous and can go unrecognized
- Suggested mechanisms for pseudoachalasia include direct compression of LES by tumor, myenteric plexus or vagal nerve infiltration, and paraneoplastic neuropathy without direct infiltration of nerves by malignant cells
- Standard treatment of achalasia are ineffective and even dangerous for pseudoachalasia and delays timely diagnosis of malignant neoplasm, so endoscopists should make deliberate effort to rule this out

Conclusions

- Patients with suspected achalasia who are considering definitive therapies should undergo evaluation for the various causes of pseudoachalasia (Table 1)
- Malignancy can produce dysphagia through direct compression of the GE junction or due to submucosal invasion and disruption of the myenteric plexus

References

- Schizas, Dimitrios, et al. "Pseudoachalasia: a systematic review of the literature." *Esophagus* 17.3 (2020): 216-222.

Contact

Sagar (Arnie) Shah
 UCLA Department of Internal Medicine
 sagarsah@mednet.ucla.edu