

Case presentation

Achalasia

Reporter: 吳彥穎

指導醫師：連漢仲醫師

Basic data

- Age:52
- Sex:female
- High:166.7 cm
- BW:54.7 Kg
- PH:1. GERD
2. Thyroid goiter
- Cigarette smoking :denied
- Alcohol consumption : denied

Chief complaint

- Lump throat and dysphagia, AR with BWL 6-7 KG for 1+ months, anorexia, vomiting, throat sputum

Time line

1110512

- LMD EGD GERD grade A

1110606

- LMD Esophagography: GE junction stenosis with esophageal dilation and contrast medium stasis

1110726

- EUS: UE showed some fluid retention in the esophagus, but **no obvious tumorous like lesion** or luminal narrowing over ECJ. The end-view scope could pass through ECJ without difficulty. The mini-probe showed **no obvious thickening of the esophageal wall r/o Achalasia**

Time line

1110801

- [HRIM:Achalasia, Type II](#)

1110916

- Laparoscopic Heller myotomy with Dor fundoplication

20221003

OPD

- Belch or hiccup off and on persists; better in swallowing after fundoplication

Time line

1111216

- HRIM:Achalasia, Type I

1110104

OPD

- LIPID OK, PERSISTENT DYSPHAGIA (4/10 VAS)

The Patient-Reported Outcome for Eckardt score

111/9/16
Laparoscopic Heller myotomy with Dor
fundoplication

		111/6/28	111/8/1	111/12/16	111/12/30	112/2/14
1	體重減輕	2	2	2	0	0
2	吞嚥困難	3	3	0	1	2
3	胸口疼痛	0	1	0	0	0
4	逆流	0	0	0	0	0
	Total	5	6	2	1	2

Patient-Reported Outcome for LPR symptoms

111/9/16

Laparoscopic Heller myotomy with Dor fundoplication

The Reflux Symptom Index (RSI)		111/6/28	111/8/1	111/12/16	111/12/30	112/2/14
1	你有沙啞或聲音的問題	1	1	0	0	0
2	清喉嚨	1	4	0	0	0
3	過多喉嚨黏液或鼻涕倒流	5	4	0	1	1
4	吞嚥食物，液體或藥丸困難	4	4	2	2	2
5	進食或躺下後咳嗽	1	1	0	0	0
6	呼吸困難或噎到事件	0	4	0	0	1
7	令人討厭或惱人的咳嗽	1	1	0	0	0
8	有東西黏在你喉嚨或有塊狀物在你喉嚨的感覺	4	4	0	1	1
9	心灼熱，胸痛，消化不良或胃酸跑上來	3	1	0	0	0
	Total	20	24	2	4	5

Score range: 0-45 (normal ≤ 13),
the higher the score, the more severe the symptom.

Belafsky PC, 2002 J Voice.
Lien HC, 2015 Value Health

Reflux Disease Questionnaire (RDQ)

111/9/16

Laparoscopic Heller myotomy with Dor fundoplication

回想過去一個月，您認為以下症狀出現時的如何？		111/6/28		111/8/1		111/12/16		111/12/30		112/2/14	
程度：0-不會，5-重度 頻率：0-不會，5-每天		程度	頻率	程度	頻率	程度	頻率	程度	頻率	程度	頻率
1	胸骨後方感到灼熱-----	0	0	0	0	0	0	0	0	0	0
2	胸骨後方感到疼痛-----	0	0	0	0	0	0	0	0	0	0
3	上腹中間感到灼熱-----	0	1	1	1	0	0	1	0	0	0
4	上腹中間感到疼痛-----	0	0	1	2	0	0	0	0	0	0
5	口腔內有酸味-----	0	0	0	0	0	0	0	0	0	0
6	有東西從胃部向上移動而感到不適	2	5	4	4	0	0	0	0	0	0
Total		7		8		0		0		0	

分數範圍: 0-40分 ; 正常值<12

Shaw MJ, 2001 Am J Gastroenterol CHINESE GERD STUDY GROUP, 2004 Chin J Dig Dis

The Patient-Reported Outcome for QoL in GERD

111/9/16

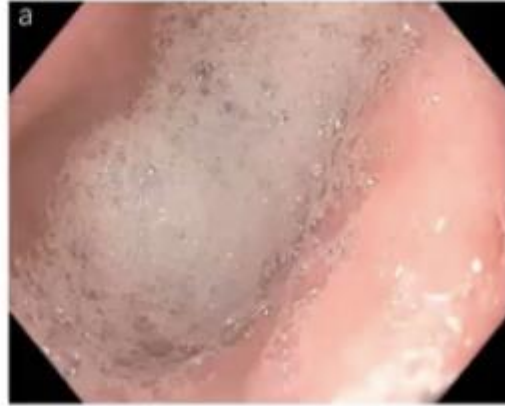
Laparoscopic Heller myotomy with Dor fundoplication

The GERDyzer (0-完全沒有 ; 10-很嚴重)		111/6/28	111/8/1	111/12/16	111/12/30	112/2/14
1	整體來說，過去7天您覺得如何？	9.4	6	6	1.2	1.2
2	過去7天，生病所帶來的痛苦/不適對您造成的影響有多大？	9.4	6	1.1	0.8	1.2
3	過去7天，生病對您身體健康造成的影響有多大？	9.4	4	0.9	0.8	1.8
4	過去7天，生病對您精神活力造成的影響有多大？	10	6	0.9	0.8	1.8
5	過去7天，生病對您日常活動造成的干擾有多大？	8.8	7	0.5	0.8	1.8
6	過去7天，生病對您休閒活動造成的干擾有多大？	8.6	8	0.7	1.0	1.2
7	過去7天，生病對您社交生活造成的干擾有多大？	8.8	7	1	0.8	1.8
8	過去7天，生病對您飲食習慣造成的干擾有多大？	10	9	3.5	1.4	3.6
9	過去7天，生病對您心情造成的影響有多大？	9.1	4	0.7	0	1.8
10	過去7天，生病對您睡眠造成的影響有多大？	2	4	0.7	12	2.4
Total		61.9	42	13.8	11.9	13.2

Score range: 0-70, the higher the score, the worse the QoL.

Discussion

Achalasia



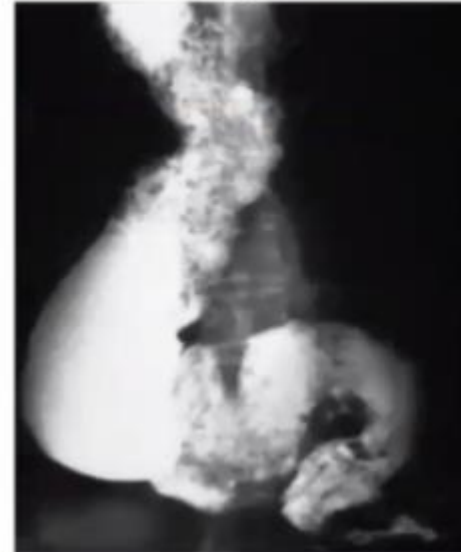
Foam and saliva in esophagus



Puckering of GEJ requiring more than usual pressure to traverse

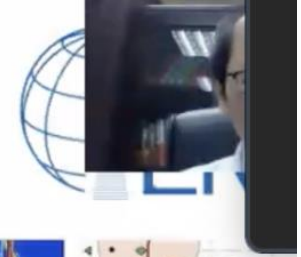


Dilated esophagus with retained barium and "bird beaking"

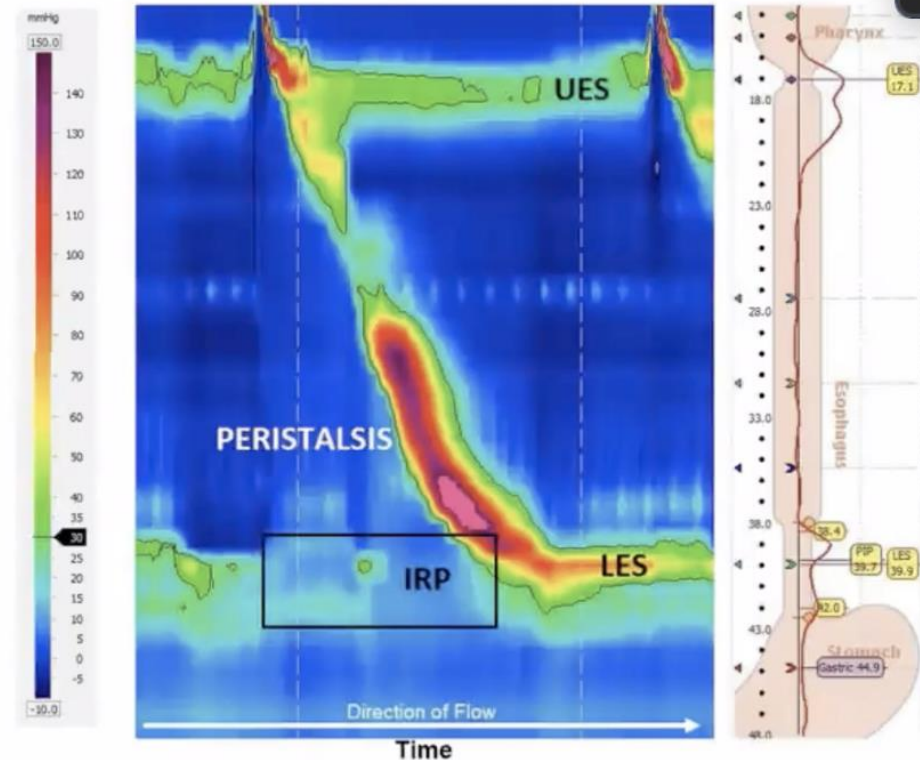


Dilated sigmoid esophagus as end-stage achalasia with retained saliva and barium

HRM

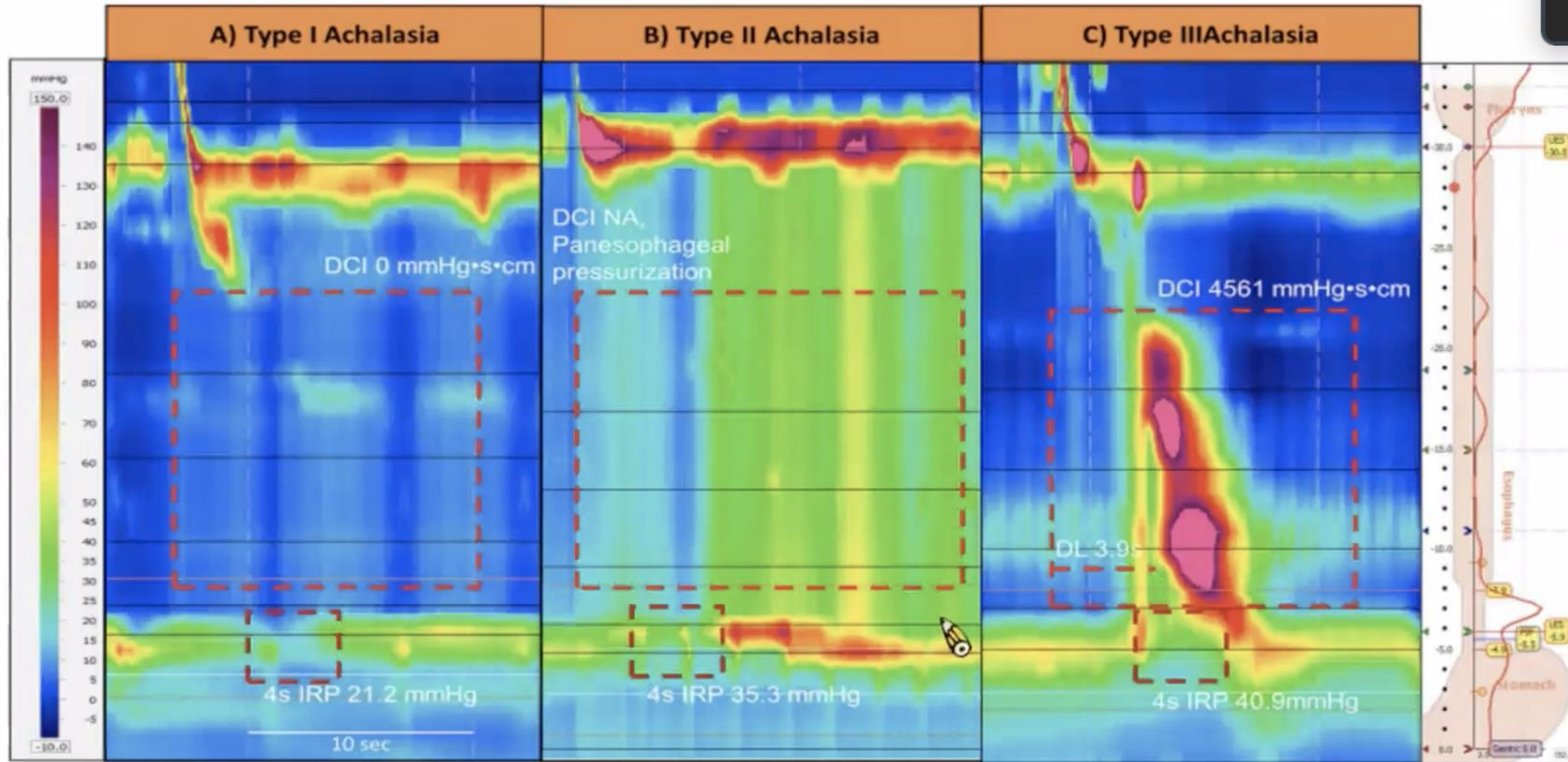
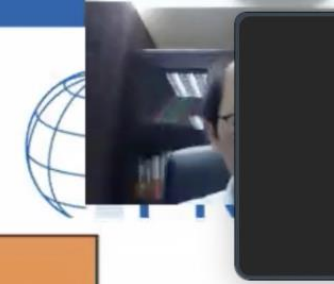


- Esophageal pressure topography (EPT) plots derived catheters incorporated many pressure transducers (most often 36)
- Two transducer systems:
 - water-perfused**
 - solid-state**
- Standard protocol:
 - basal LES pressure then swallow
- Three primary components to interpretation
 - (1) EGJ physiology and morphology
 - (2) esophageal body contractile vigor
 - (3) peristaltic coordination



- Single swallow initiated at the UES showing normal esophageal body peristalsis and normal LES relaxation
- Integrated relaxation pressure (IRP): LES relaxation measured over 10's (black box)

Chicago Classification version 4.0: Achalasia



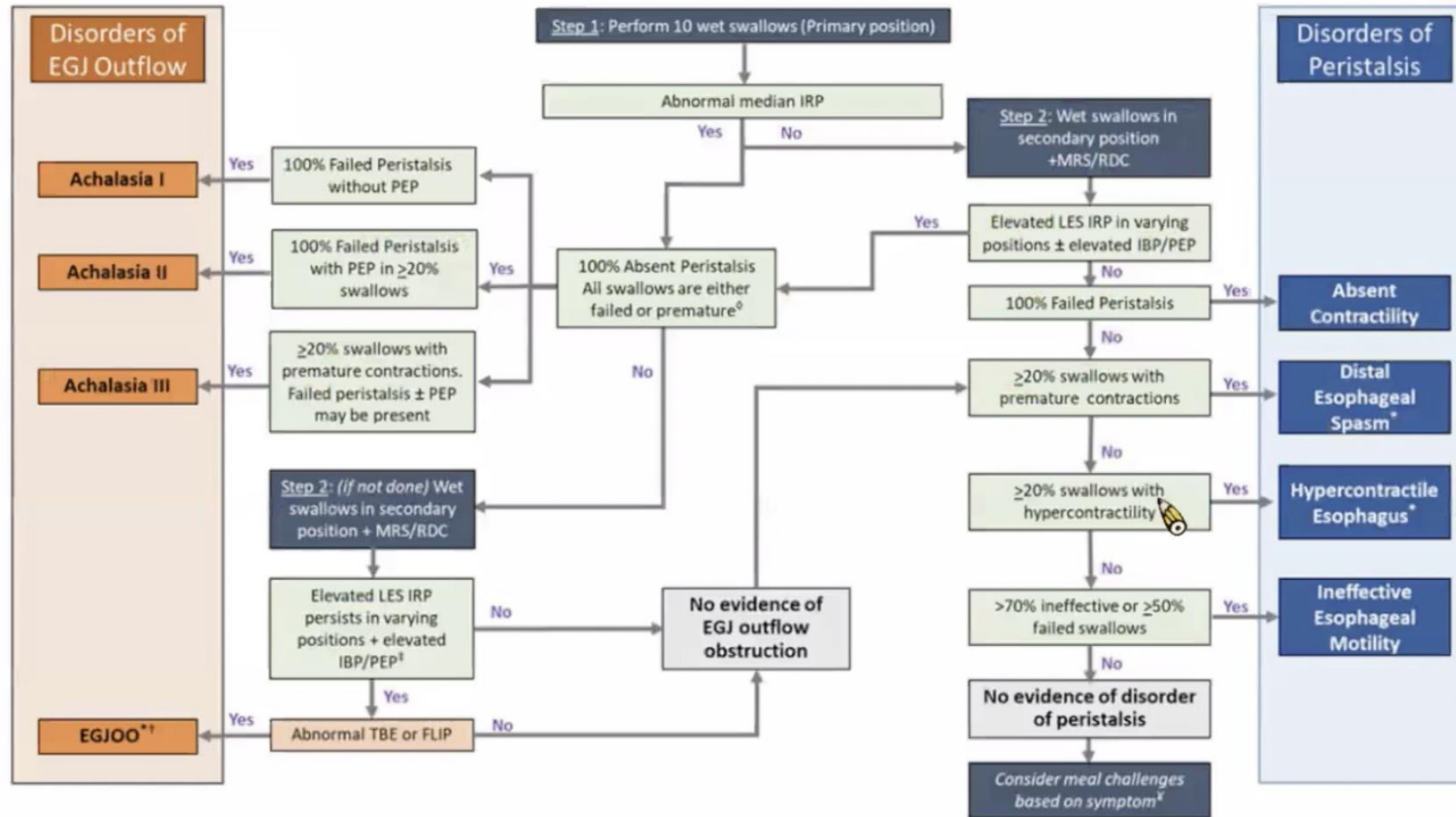
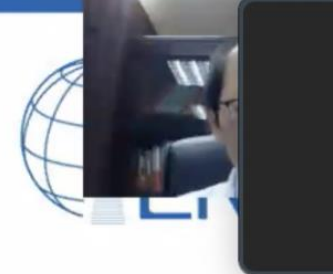
Three subtypes all defined by elevated median IRP

Type 1: 100% failed peristalsis

Type 2: 100% failed peristalsis and >20% of swallows with panesophageal pressurization

Type 3: >20% of swallows with premature or spastic contractions

Chicago classification version 4.0 for esophageal motility disorders



ACG clinical guidelines for achalasia

