Instantánea Clínica

Type II achalasia and the “bird beak” sign

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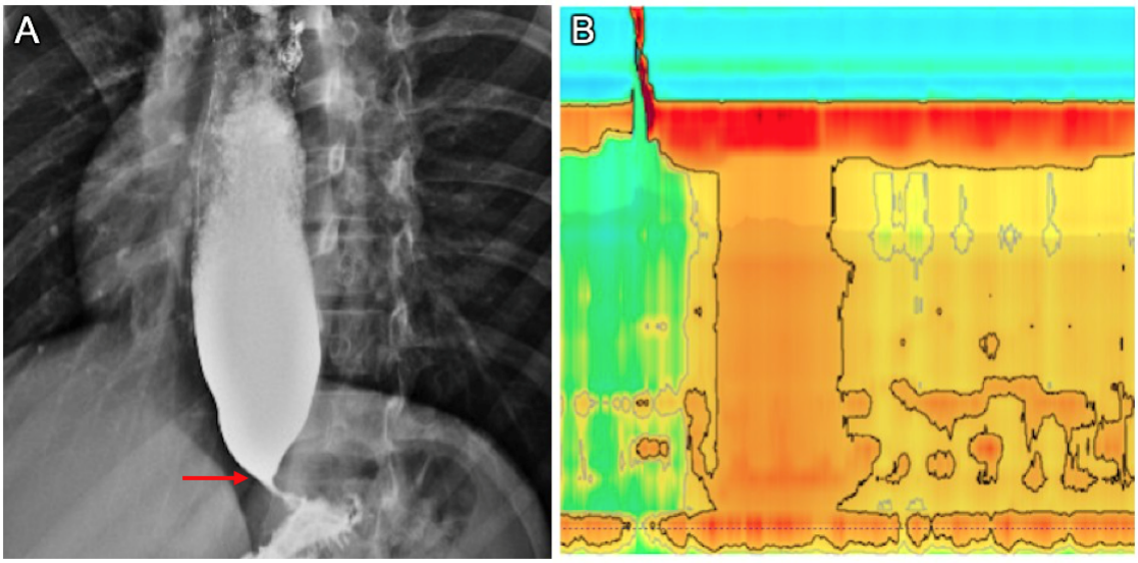

A 16-year-old female presented with a 2-year history of progressive dysphagia to liquids, associated with nocturnal regurgitation. She denied food allergies, choking, vomiting, weight loss, or heartburn. Past medical history was unremarkable. Clinical examination and laboratory tests were normal. Upper endoscopy and endoscopic biopsies were negative for stenosis, esophagitis, eosinophilic esophagitis, or Trypanozoma cruzi infection. Barium esophagogram showed the classic “bird beak” sign (tapering of the distal esophagus; **panel A**, red arrow) and proximal dilatation; and high-resolution esophageal manometry (HREM) showed panesophageal pressurizations in every swallow, as shown in **panel B**. A diagnosis of type II esophageal achalasia (EA) was made based on the Chicago classification v3.0.[1]

EA is characterized by defective esophageal peristalsis and insufficient relaxation of the lower esophageal sphincter secondary to degeneration of the myenteric plexus. Childhood EA is rare, with a reported incidence of 0.1/100,000 children per annum. The most common symptoms are vomiting, dysphagia, regurgitation and weight loss. HREM is the gold standard method for its diagnosis.[2,3]

References

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