Volume 16 • Number 3 • September 2025 • em00846 ISSN: 1309-6621 (Online)

JOURNAL OF CLINICAL AND EXPERIMENTAL INVESTIGATIONS

LETTER TO EDITOR

Megaesophagus due to achalasia

Yusaku Kajihara [1*]

[1] Fuyoukai Murakami Hospital, JAPAN

Correspondence:
Yusaku Kajihara
Address: Fuyoukai Murakami Hospital, JAPAN
Email: yukajihara-gi@umin.ac.jp

Keywords: esophageal achalasia, radiography, myotomy

Dear Editor,

A 78-year-old man with dementia presented to the gastroenterology clinic with progressive dysphagia and regurgitation. On physical examination, the patient's abdomen was not distended, and he appeared dehydrated. Chest radiography showed an abnormality in the mediastinum (**Figure 1**). Subsequent chest computed tomography revealed severe dilatation of the esophagus (**Figure 2**).

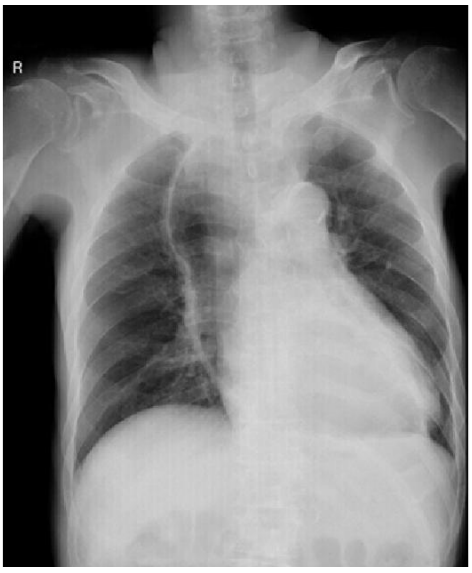

Figure 1. Chest radiography showing an abnormality in the mediastinum (reprinted with permission of the patient's family)

Eight years before presentation, the patient underwent pneumatic dilatation for achalasia; however, he was lost to follow-up. A diagnosis of megaesophagus due to achalasia was made. The patient was referred to the specialty hospital for per-oral endoscopic myotomy (POEM).

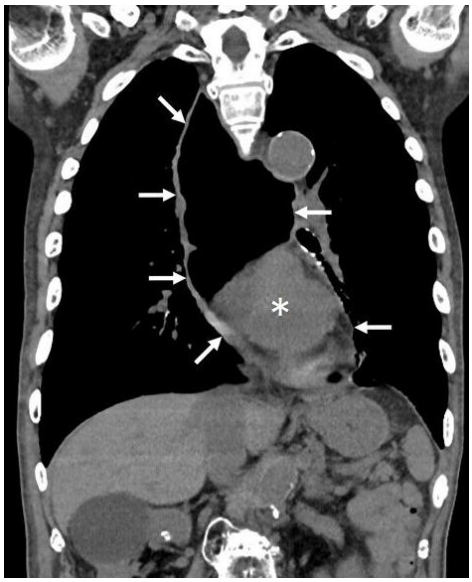

Figure 2. Chest computed tomography revealing severe dilatation of the esophagus (arrows; an asterisk indicates the heart) (reprinted with permission of the patient's family)

Achalasia is a rare disease caused by loss of ganglion cells within the esophageal myenteric plexus [1,2]. Megaesophagus, a serious complication of achalasia, occurs in long-standing untreated or inadequately treated achalasia [1]. This condition greatly increases the risk of esophageal squamous cell cancer and can cause airway compression [1,2]. POEM is a less invasive alternative to Heller myotomy [3]. Few studies have shown the success of POEM in megaesophagus or end-stage achalasia cases; thus, esophagectomy is often needed in patients with megaesophagus [1]. However, in this case, the patient did well after POEM.

Received: 25.05.2025,
Accepted: 25.07.2025
https://doi.org/10.29333/jcei/16750

Funding: No funding source is reported for this study.

Ethical statement: The author stated that no ethics committee approval was required. Written informed consent was obtained from the patient's family.

AI statement: The author stated that no Generative AI or AI-based tools were used.

Declaration of interest: No conflict of interest is declared by author.

Data sharing statement: Data supporting the findings and conclusions are available upon request from the author.

REFERENCES

1. Rondón-Carvajal J, Ardila-Hani C, Hani-Ardila A, Vargas-Rubio R, Leguízamo-Naranjo AM, Cañadas-Garrido R, et al. Megaesophagus as a complication of achalasia: case report and narrative literature review. Rev Colomb Gastroenterol 2020;35:551-7. doi: 10.22516/25007440.460.
2. Miyamoto S, Konda Y, Matsui M, Sawada K, Ikeda K, Watanabe N, et al. Acute airway obstruction in a patient with achalasia. Intern Med 2011;50:2333-6. doi: 10.2169/internalmedicine.50.5603.
3. Werner YB, Hakanson B, Martinek J, Repici A, von Rahden BHA, Bredenoord AJ, et al. Endoscopic or surgical myotomy in patients with idiopathic achalasia. N Engl J Med 2019;381:2219-2229. doi: 10.1056/NEJMoa1905380.

