IMAGES IN MEDICINE

An unusual cause of progressive weight loss and dysphagia in a 10-year-old

A previously well 10-year-old presented to his GP with worsening epigastric pain and dysphagia, associated with bouts of nausea. These symptoms and signs, originally ascribed to indigestion, were progressively getting worse. His mother noted that her child, who was normally of thin habitus, was gradually losing weight.

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A chest radiograph obtained during an acute episode of severe nausea revealed a lining of air paralleling the right mediastinal surface, raising concerns of pneumomediastium (*Figure 1*). A water-soluble upper gastrointestinal tract contrast study was ordered to identify an oesophageal tear. The study demonstrated a markedly dilated oesophagus with hold-up of contrast at the distal oesophagus with a 'rats tail' appearance (*Figure 2*), consistent with oesophageal achalasia. Oesophageal manometry and oesophagoscopy confirmed the diagnosis.

Achalasia is a disorder of oesophageal motility resulting from failure of relaxation of the lower oesophageal sphincter. Its exact cause is unknown but its aetiology is postulated to be hereditary, degenerative, autoimmune or infectious. Because achalasia is rare in children and may have an insidious onset, it can be easily overlooked.

However, the diagnosis of achalasia should be suspected in children presenting with progressive dysphagia for solids and liquids and later with regurgitation of food and saliva. The latter becomes most pronounced in the recumbent position.

This patient underwent successful laparoscopic Heller's cardiomyotomy with Nissen's fundoplication. On follow up, his swallowing improved and he subsequently gained weight. BJHM

Figure 1. Anteroposterior erect chest radiograph.

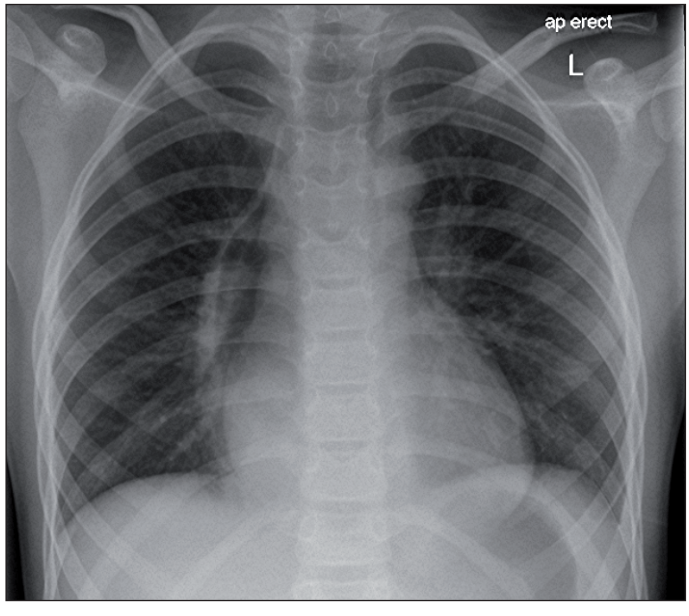

Figure 2. Water-soluble contrast swallow study. Arrows indicate the walls of the oesophagus.