Indian J Gastroenterol (March–April 2013) 32(2):141
DOI 10.1007/s12664-012-0187-z

IMAGE

Infantile achalasia cardia with pelvi-ureteric junction obstruction

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Published online: 27 May 2012

Esophageal achalasia is a neuromuscular disorder of unknown etiology characterized by abnormal motility and failure of relaxation of the lower esophageal sphincter, presenting usually in adults. It is an unusual lesion in childhood and is extremely rare under the age of 1 year. The first report was probably that of King in 1953 [1]. Our patient, a 15 month old male child, presented with vomiting after feeds. MRI revealed a megaesophagus and associated left pelvi-ureteric junction obstruction (Fig. 1). Modified Heller's myotomy was done with anti-reflux procedure and ureteroplasty was done for the pelvi-ureteric junction obstruction. The child did well postoperatively. A trans-abdominal myotomy along with anti-reflux procedure has been reported to give the best results for achalasia [2].

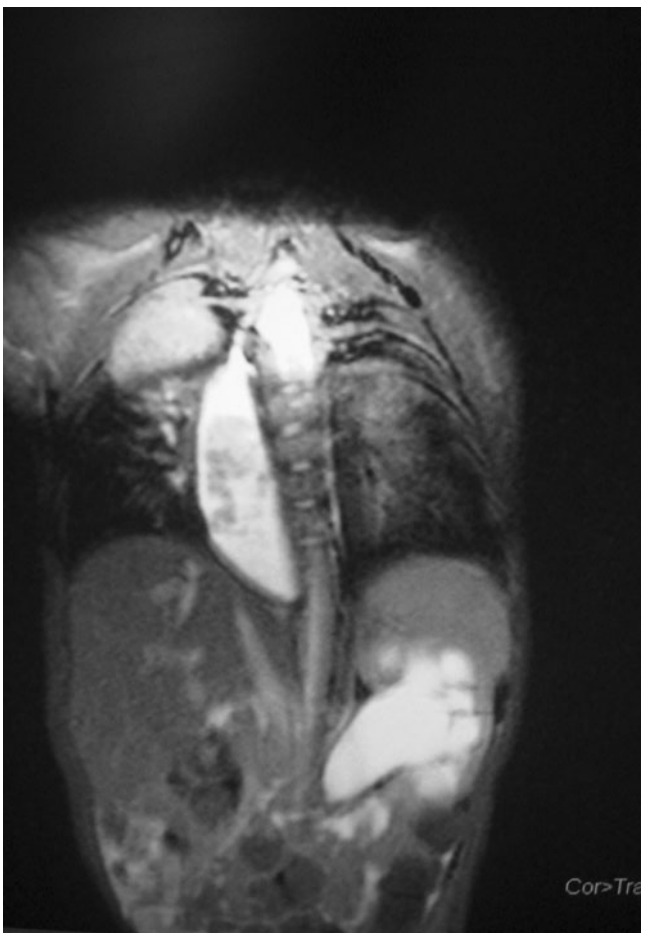

Fig. 1 Magnetic resonance imaging showing mega-esophagus and left hydronephrosis due to obstruction of the pelvi-ureteric junction

References

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