Letter to the Editor: More on Achalasia with Megaesophagus

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To the editor,

We read with great interest the article by Panda et al. [1] that was published in the *Indian Journal of Surgery*. The authors describe the technical details and outcomes of laparoscopic esophagogastroplasty for end-stage achalasia. We have provided another approach that is valuable for diagnosing in patients of achalasia with megaesophagus.

A 55-year-old male was admitted to our hospital because of continuously increasing chest distress and dysphagia 20 years in duration. He was a nonsmoker and had no exposure to any environmental fumes or dust. His family history was unremarkable. A barium meal examination displayed the classic “bird’s-beak” appearance. The plain chest computed tomography (CT) and the chest X-ray revealed that the barium extended from the proximal esophagus to the esophagogastric junction. The high-resolution manometry of the esophagus showed impaired lower esophageal sphincter (LES) relaxation, absent peristalsis, and completed loss of contractile activity in the body of the esophagus. The patient was diagnosed as achalasia with megaesophagus.

The patient underwent esophagectomy with a gastric pull-through procedure.

Achalasia involves hypertension and poor relaxation of the body of the esophagus and the lower esophageal sphincter. Esophageal manometry to assess esophageal pressures and contractions has become the standard for diagnosing and classifying achalasia [2]. These methods gave an improved understanding of peristaltic contractile activity in both asymptomatic and symptomatic individuals [3].

Although achalasia with megaesophagus is rare, understanding its diagnosis and treatment is important. To facilitate the preoperative diagnosis and avoid the misdiagnosis of such rare disease, more cases will need to be reported.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Disclosures Since publication of their letter, the authors report no further potential conflict of interest.

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