

## Introduction

End stage achalasia is traditionally treated with esophagectomy. Several small studies have presented success in managing end stage achalasia with a minimally invasive esophagomyotomy thus sparing patient the considerable morbidity of an esophagectomy. Here we present a case report of a patient with end stage achalasia who successfully underwent a laparoscopic esophagomyotomy with good long term result.

## Case Presentation

75-yo Female, initially presented with lightheadedness and shortness of breath. On initial workup she was diagnosed with a pulmonary embolus and a mega-esophagus (image 1). The patient reported approximately 15 years of difficulty swallowing with near complete PO intolerance over the preceding 2 mos. She was cachectic with a presenting BMI of 14.5.



Image 1: Initial CT demonstrating mega-esophagus

# Laparoscopic Esophagomyotomy for End-Stage Achalasia

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## Case Presentation Cont.

She underwent serial EGD with attempts at food disimpaction and botox injection without improvement in symptoms. Subsequent esophagram demonstrated continued near complete obstruction at the GE junction (image 2) and she was started on total parenteral nutrition.

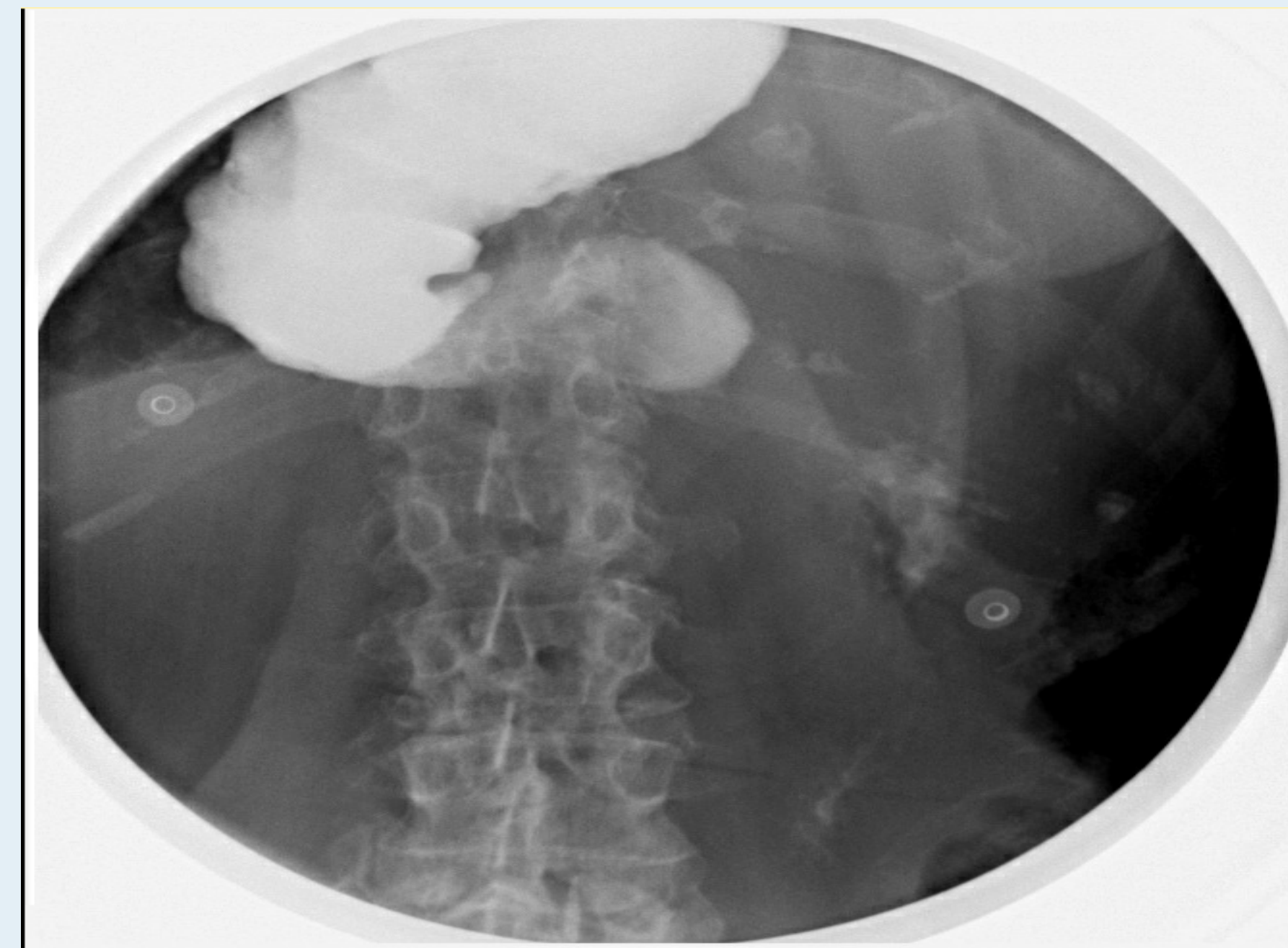


Image 2: Pre-operative esophagram

After 2 weeks of TPN, she underwent a laparoscopic heller myotomy with toupet fundoplication, EGD, and PEG placement. An upper GI study on POD#3 which showed passage of contrast past the GE junction (image 3). Her diet was advanced to clear liquids which she was able to tolerate. She was discharged on a full liquid diet with protein supplementation.

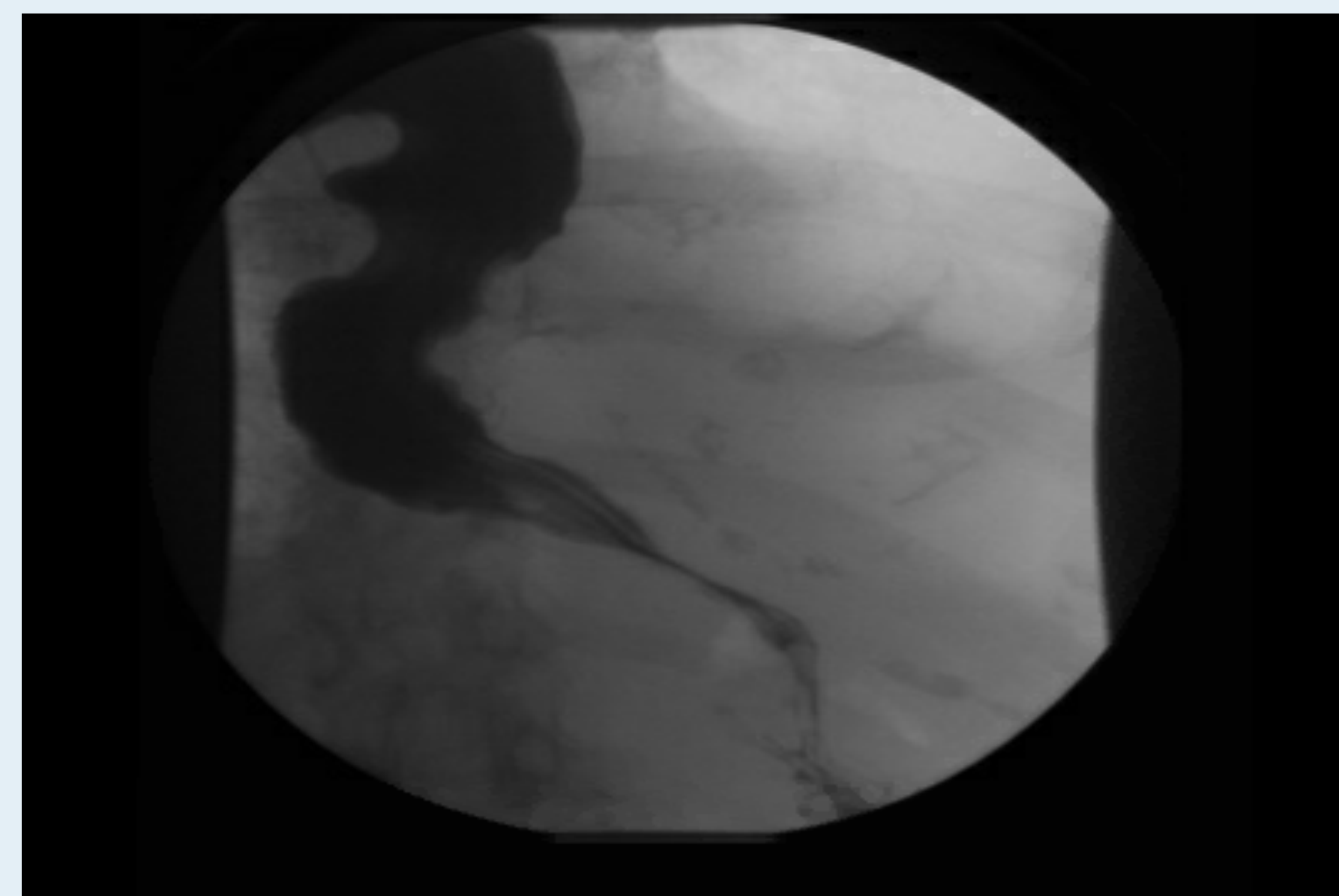


Image 3: Post-operative esophagram

## Case Conclusion

At 6-months post-operatively the patient underwent a follow-up esophagram demonstrating patency of the GE junction (Image 4). Nearly one year post-operatively, she was tolerating some solid food and had excellent weight gain, most recent BMI 22.4.



Image 4: 6-mos Post-operative esophagram

## Conclusions

In patients with end stage achalasia, a laparoscopic heller myotomy is a reasonable alternative to esophagectomy, especially in frail patients who may not tolerate the morbidity of an esophagectomy