- A case of achalasia cardia with grade 4 dysphagia presented to us with tube gastrostomy in situ since 1 year. She underwent UGIE which showed smooth mucosa with narrowing at lower end suggestive of esophageal stricture. Barium swallow was suggestive of achalasia cardia with smooth mucosa and tapering at the lower end. CECT whole abdomen showed diffuse concentric wall thickening of visualized esophagus with obliteration of lumen in GE junction. Rest of the organs were within normal limits.
- 1st Surgery: Explorative laparotomy with Hellers cardiomyotomy plus anterior fundoplication plus feeding jejunostomy was done. Post operatively patient didn't have improvement of dysphagia. Oral gastrograffin study after 4 days showed dilated thoracic esophagus within normal outline and smooth narrowing at GE junction, hold up of barium in esophagus for 30 minuteswith no significant clearance of esophagus .
- 2nd Surgery : Relaparotomy plus adhesiolysis plus resection of Ge junction and fundus of stomach plus esophagogastric anastomosis (end to side, hand sewn interrupted Prolene 3-0) done after 7 days of 1st surgery. She was maintained on FJ diet. Gastroggraffin swallow done after 6 days of 2nd surgery showed no contrast leak and good passage of contrast into stomach with no hold up. She tolerated oral diet and was discharged after 8 days of surgery.
- On follow up after 1 month her FJ tube was removed and she is totally on normal diet.