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GUT TUTORIAL

A patient with dysphagia

J Y Kang

This is an introduction to the Gut tutorial 'A Patient with Dysphagia' hosted on BMJ Learning—the best available learning website for medical professionals from the BMJ Group.

Achalasia is an uncommon, yet eminently treatable cause of dysphagia, which is often not recognised early because of lack of awareness about this condition. The most common symptom is dysphagia for both solids and liquids. Heartburn is a frequent complaint despite the absence of acid reflux. Upper gastrointestinal endoscopy is often reported to be normal and barium swallow may be more helpful in the diagnosis of achalasia, especially in the early stages. Oesophageal manometry is the key test for the diagnosis of achalasia and lower oesophageal sphincter relaxation is always abnormal in achalasia. Pseudo-achalasia should be excluded in older individuals especially those with profound weight loss. Endoscopy with biopsy, CT scan, and endoscopic ultrasound may be helpful. There is no cure for achalasia and the aim of treatment is to reduce symptoms by improving oesophageal emptying. Traditionally surgery is reserved for patients in whom pneumatic dilatation is unsuccessful or whose symptoms recur following satisfactory initial

response to dilatation. However, this approach may have to be re-evaluated with the advent of laparoscopic myotomy. The effect of endoscopic injection of botulinum toxin tends to be transient and it is normally reserved for older and unfit individuals.

To access the tutorial (Interactive Case History), click on BMJ Learning: Take this module on BMJ Learning from the content box at the top right and bottom left of the online article. For more information please go to: <http://gut.bmj.com/tutorials/collection.dtl>

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