

# Esophagectomy with colon reconstruction for achalasia

## Introduction

Megaesophagus represents end-stage achalasia. The combination of an aperistaltic esophagus with failure of lower esophageal sphincter (LES) relaxation leads to progressive esophageal dilatation and lengthening. Esophagomyotomy is highly effective as the initial surgical approach in most patients with achalasia. But those patients with megaesophagus or recurrent symptoms after a previous esophagomyotomy do not respond to esophagomyotomy in such a satisfactory way<sup>2</sup>.

## Case Report

### Identification

Male,  
46 years old

### Past medical history

Pneumoconiose, pulmonary fibrosis,  
Pulmonary tuberculosis  
Achalasia

### History of present illness

The patient was admitted in the Department of Surgery of Hospital São Marcos with diagnosis of megaesophagus.

### Complementary examination

Endoscopy: end stage of achalasia. Megaesophagus  
Barium test: megaesophagus (Fig.1)  
CT: megaesophagus (2a-c; 3a,b)

### Surgical treatment

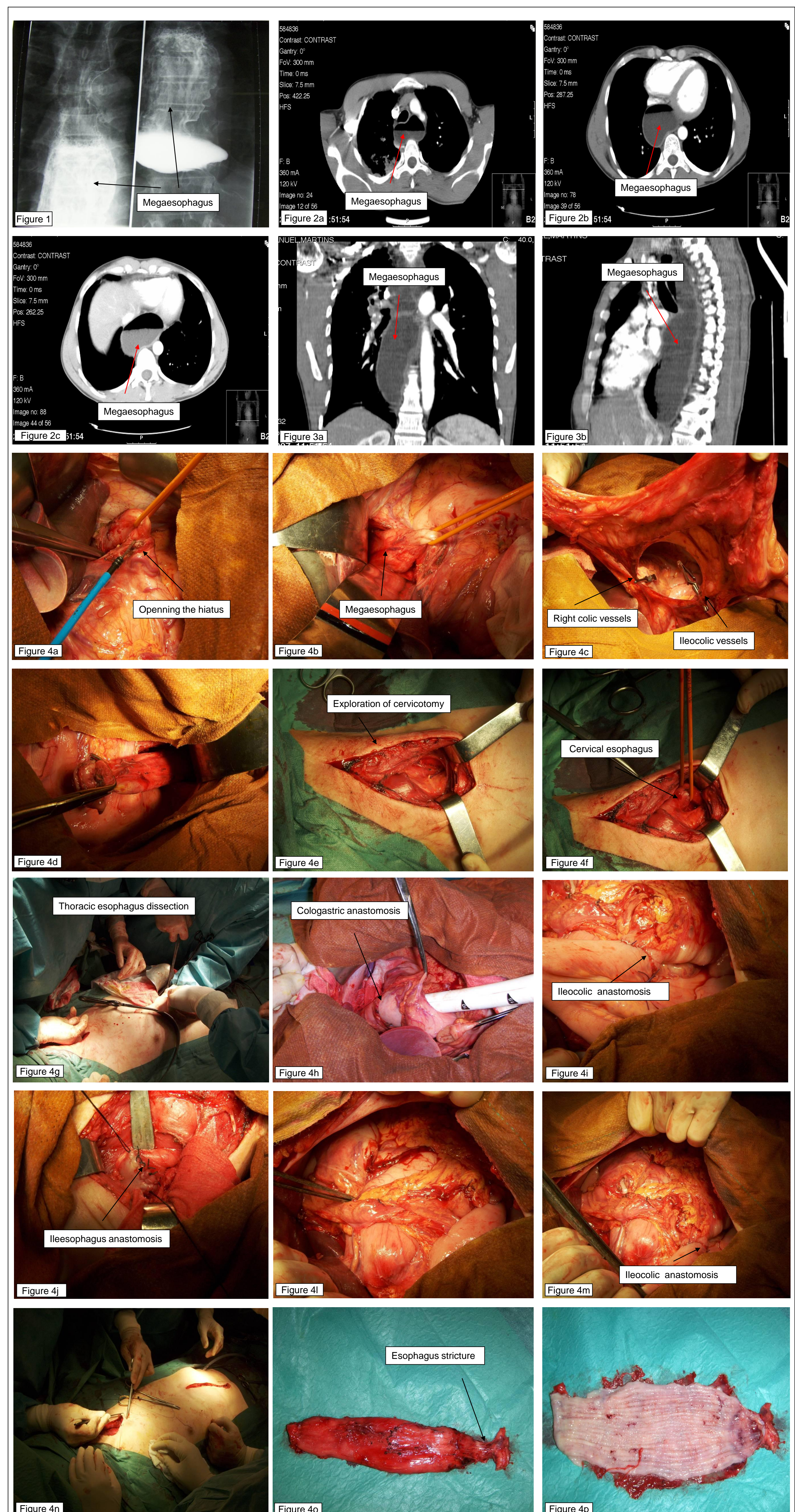
The patient underwent cervicotomy and laparotomy with almost total esophagectomy with esophagocoloplasty, cologastrostomy and ileocolostomy (Fig.4a - 4p).

### Evolution

In the postoperative the patient showed acute respiratory dysfunction syndrome and was admitted at Intensive Care Unit for a period of eleven days. After that he recovered very well and was discharged one month after surgery.

## Conclusion

Esophagectomy provides the most reliable treatment of esophageal obstruction, pulmonary complications and potential late development of carcinoma in patients with megaesophagus secondary to achalasia or a failed prior esophagomyotomy. It is a far better option in these patients when compared with esophagomyotomy, cardioplasty procedures or limited esophageal resection.



## References

- 1- [Glatz SM, Richardson JD.](#) 2007 Esophagectomy for end stage achalasia. J Gastrointest Surg. 11:1134-1137.
- 2- [Hsu HS, Wang CY, Hsieh CC, Huang MH.](#) 2003 Short-segment colon interposition for end-stage achalasia. Ann Thorac Surg. Nov;76(5):1706-10.