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LEFT ATRIAL COMPRESSION FROM ACHALASIA - THE DIAGNOSTIC POWER OF ECHOCARDIOGRAM

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Complex Clinical Cases

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Background: Left atrial compression by an extracardiac mass can arise from multiple structures surrounding the heart. Differentials include hiatal hernias, mediastinal masses, dissecting aortic aneurysms, esophageal malignancies, and rarely esophageal abnormalities such as achalasia. We present a case of a patient who during a routine transthoracic echocardiogram (TTE) was found to have left atrial compression secondary to achalasia, determined using appropriate maneuvers during image acquisition.

Case: A 69-year-old female with diabetes underwent a TTE as part of workup for labile, uncontrolled blood pressure. Simultaneously, she was also being worked up for symptoms of dysphagia, weight loss and chronic cough. TTE revealed a 3.3 x 5 cm heterogeneous extracardiac mass compressing the left atrium.

Decision-making: To determine the source of the mass, she was given a carbonated beverage to drink during the imaging acquisition, which was seen within the mass with a change in echo density, confirming GI origin. Imaging with CT scan revealed a dilated esophagus, and furthermore, EGD and esophageal manometry confirmed a diagnosis of achalasia.

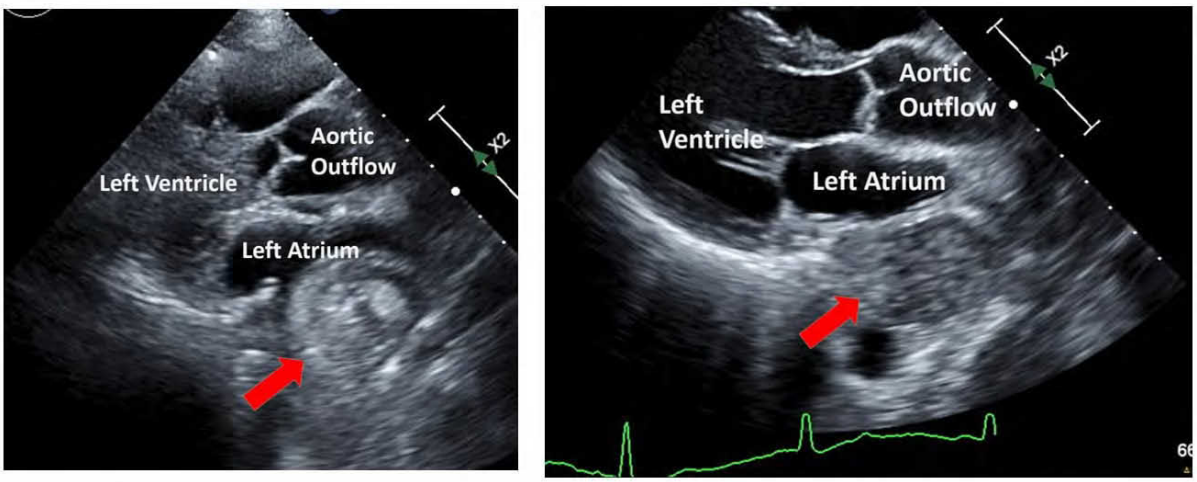

Figure 1. Echocardiographic images of the extracardiac mass (depicted by the red arrows) before (left) and after (right) the patient was given liquid to drink, with a change in echo density seen.

Conclusion: Echocardiographic imaging, with appropriate maneuvers, can be effective in identifying masses of gastrointestinal origin, differentiating them from vascular or mediastinal origin. Echocardiography has shown to be a strong, non-invasive tool to not only diagnose cardiac diseases, but also extracardiac manifestations of various organ systems.