**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 way².

**Case Report**

**Identification**
Male,
46 years old

**Past medical history**
Pneumoconiosis, 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 esphagocoloplasty, 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**