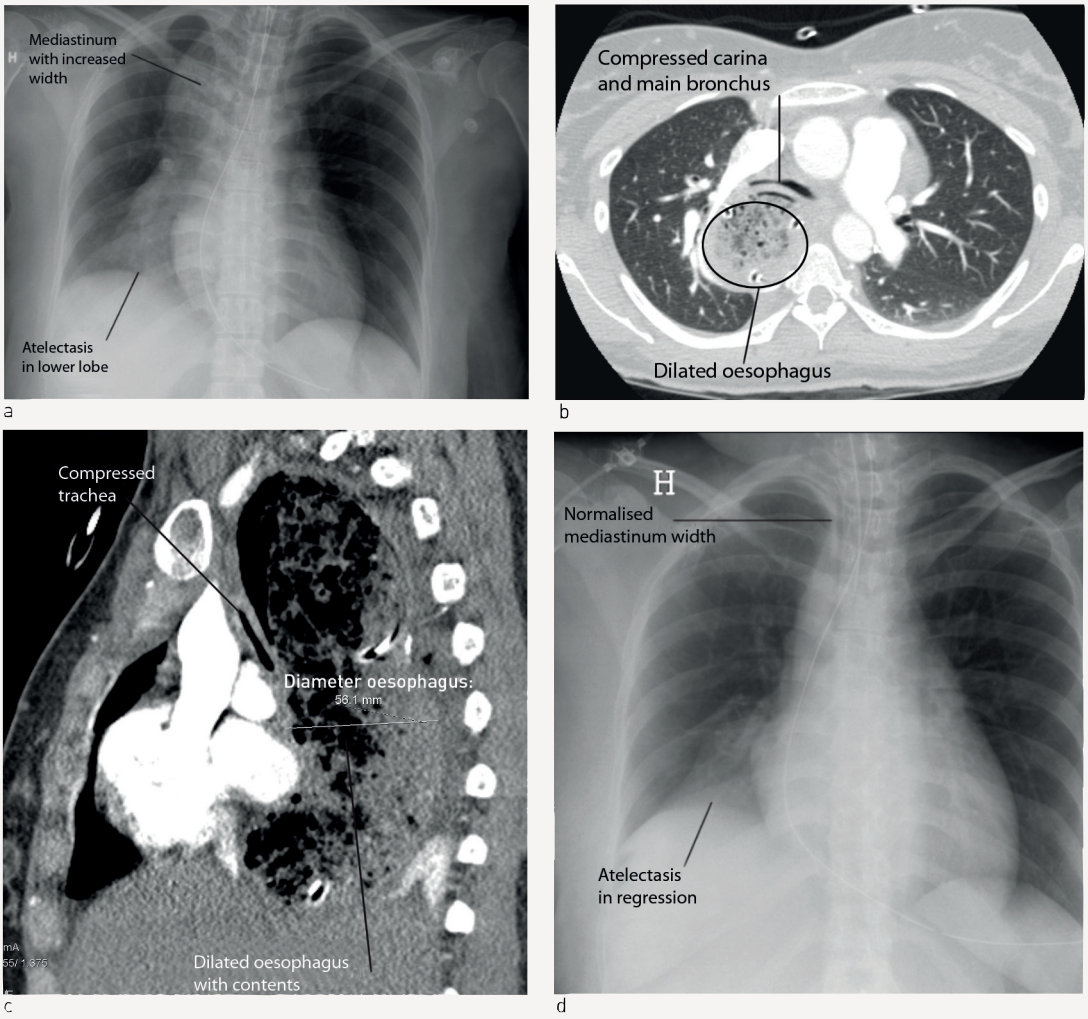
An unusual cause of acute airway obstruction



A 34 year old woman was admitted to Rikshospitalet to give birth. For the three previous years she had had increasing dysphagia to fluids and solids, dyspnoea in connection with meals and difficulty in achieving eructation (belching). The birth was uncomplicated, but two days post partum she developed acute respiratory distress after breakfast and had to be intubated. Chest X-ray thorax anterior showed increased upper mediastinum width and right-side lower lobe atelectasis (Fig. 1a). A further assessment with CT thorax showed that the whole oesophagus was considerably dilated and that it was compressing both the trachea and the right main bronchus (Figs 1b, 1c).

Gastroscopy showed a dilated oesophagus with food residue, but no strictures or mucous membrane changes. The lower oesophagal sphincter was immediately dilated with a balloon, on suspicion of achalasia. A control X-ray the same evening showed normalised mediastinum width and partial regression of the lower lobe atelectasis (Fig. 1d). A check-up two weeks later showed the patient to be free of symptoms, and oesophageal manometry showed findings consistent with achalasia.

Airway obstruction due to achalasia is very rare, and assumed to be caused by air collecting in the oesophagus and compressing the airways. The condition is potentially life-threatening, and requires swift and appropriate treatment.

Vemund Paulsen
vemund.paulsen@oslo-universitetssykehus.no
Department for Organ Transplantation, Gastroenterology and Nephrology

Trygve Syversveen
Department for Radiology and Nuclear Medicine

Kjell Kett
Department for Organ Transplantation, Gastroenterology and Nephrology

Oslo University Hospital, Rikshospitalet
0027 Oslo

Conflicts of interest: None

The manuscript was received on 14 October 2010 and approved on 21 October 2010. Medical editor Michael Bretthauer.