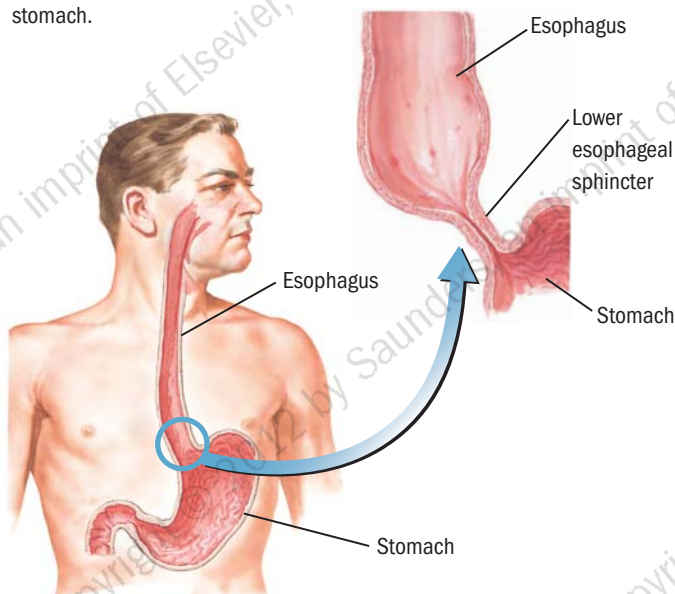
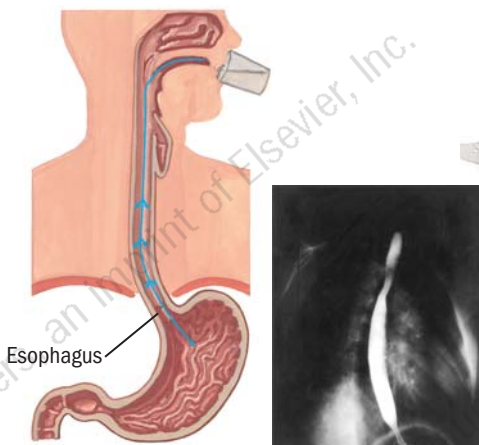


MANAGING YOUR ACHALASIA

In achalasia, the muscle between the esophagus and stomach, called the lower esophageal sphincter, does not relax after swallowing, which interrupts the flow of liquids and food into the stomach.



Weight loss may occur because eating is too painful.



Your doctor may order a barium esophagography. This is an x-ray taken after you drink barium to show your esophagus.

What Is Achalasia?

Achalasia is a disorder of the esophagus, the tube connecting the mouth and stomach. With achalasia, the esophagus has trouble moving liquid and solids down to the stomach. This movement is called peristalsis. Also, the muscle between the esophagus and stomach (the lower esophageal sphincter) does not relax after swallowing. Achalasia may occur at any age but is more common in older people. It cannot be prevented.

What Causes Achalasia?

The causes are usually unknown but may include damage to nerves of the esophagus, infections, and heredity.

What Are the Symptoms of Achalasia?

The main symptom is difficulty swallowing. Problems with liquids usually occur first, followed by problems with solid foods. Weight loss can occur because eating is too difficult or painful.

Other symptoms include chest pain, painful swallowing, coughing, wheezing, heartburn, belching, and vomiting. In advanced cases, halitosis (bad breath) can occur.

How Is Achalasia Diagnosed?

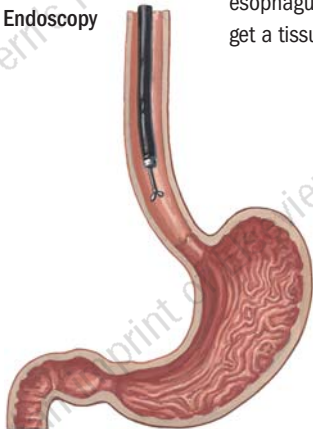
The doctor may order a barium swallow x-ray, or esophagography. This study will show narrowing of the lower part of the esophagus and widening of the upper part.

Pressure measurements (manometry) may be done to prove an absence of peristalsis and increased pressure at the lower esophageal sphincter.

Endoscopy (using a small lighted tube with a tiny video camera at the tip) can confirm a tight sphincter or obtain a piece of tissue to make sure that other diseases aren't causing symptoms.

MANAGING YOUR ACHALASIA

Endoscopy



In endoscopy, a small tube with a tiny video camera (a scope) is inserted down into your esophagus to confirm the diagnosis or to get a tissue sample for study.

Medicine can lower the pressure at the lower esophageal sphincter and help your symptoms.



Before considering surgery, your doctor may try Botox® injections into your lower esophageal sphincter.

How Is Achalasia Treated?

There is no cure, but treatment can improve symptoms and help prevent complications.

The treatment goal is to reduce pressure at the lower esophageal sphincter. This is done by dilating the sphincter with special instruments or balloons. Even after dilation, the esophagus will not have normal movement. The dilation may have to be repeated if symptoms come back.

Medicines such as long-acting nitrates or calcium channel blockers can lower the pressure at the sphincter. The drugs are usually used in people who can't have the dilation.

Injection of Botox® (botulinum toxin) in the sphincter is a newer treatment that the doctor may try before considering surgery. If other treatments fail, the doctor may operate to reduce pressure in the sphincter (called esophagomyotomy). Surgery can be done laparoscopically (by using a very small incision instead the usual large one).

Without treatment, complications can arise. These include tearing (perforation) of the esophagus, return of acid or food from the stomach into the esophagus (gastroesophageal reflux disease, or GERD), and aspiration pneumonia. Some people may develop esophageal cancer.

DOs and DON'Ts in Managing Achalasia:

- ✓ **DO** eat and chew slowly.
- ✓ **DO** call your doctor if you have persistent difficulty swallowing, if painful swallowing develops, or if symptoms remain after treatment.
- ✓ **DO** call your doctor if you vomit blood or you have other new symptoms.
- ⊗ **DON'T** eat or drink while lying down.
- ⊗ **DON'T** drink hot or cold liquids, because they may make the condition worse.

FROM THE DESK OF

NOTES

FOR MORE INFORMATION

Contact the following source:

- National Digestive Diseases Information Clearinghouse
E-mail: nddic@niehs.nih.gov
Website: <http://www.niddk.nih.gov/health/digest/nddic.htm>
- American College of Gastroenterology
Tel: (703) 820-7400
Website: <http://www.acg.gi.org>