

Achalasia with Growth Retardation

Achalasia is characterized by lack of lower esophageal sphincter relaxation and thus loss of peristaltic waves in the esophagus. It is rarely seen in early childhood although it is more common in adolescents and children, 6-10 years old. The main symptoms in young children is vomiting while in adolescents it's difficulty in swallowing(1).

A ten year old girl presented with lack of appetite since birth, failure to gain weight and growth retardation. Within the past 2.5 years she had other symptoms like cough, inability in swallowing solid food and projectile vomiting after meals. She had cough and sputum which occurred during the night in sleep. Body weight was 16.2 kg (below 3rd percentile), and height was 120 cm (below 3rd percentile). On her chest examination, the expiratory phase of breathing was prolonged in both lungs; rhonchi were present with fine crepitations on her left lower lobe. The cardiovascular and neuromuscular examinations were normal. Her blood biochemistry was normal.

On the chest X-ray, upper mediastinal widening was noted on the right. There was also right lower lobe collapse/consolidation. A barium swallow study was performed. Esophagus was severely dilated with distal beaking. Passage into the stomach was also slow and limited. CT of the chest demonstrated the dilated esophagus containing air, food particles and contrast. Right lower lobe was collapsed. Also, a reticulonodular infiltration was noted in right middle lobe. Esophagoscopy examination

revealed lower sphincter constriction without stenosis. Later on, the patient proved to have esophageal achalasia and a balloon was placed at lower sphincter for dilatation. No post-operative complication was observed. The patient gained 1.7 kg 15 days after treatment and consistent improvement in swallowing was observed.

Achalasia must be suspected in children with progressive swallowing difficulty, recurrent episodes of vomiting, weight loss, chest pain, aspiration and/or recurrent pneumonia. In a series of 175 confirmed childhood achalasia cases, 41% ($n = 17$) had symptoms related to respiratory tract(2). In adult population, patients with achalasia when compared with general population are at 140 times higher risk of esophageal cancer(3). Thus, it emphasizes the need for an early diagnosis. The incidence among the same family members is high thus other members of the family should be thoroughly investigated.

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