Achalasia: Findings on Fluoroscopy with Barium Swallow

Barium swallow performed (patient swallows barium contrast, a radiopaque agent, which outlines the gastro-intestinal (GI) tract during fluoroscopy)

Authors: Nameerah Waiahat. Omer Mansoor, Alv Valii Reviewers: Tara Shannon, Reshma Siralee. Stephanie Nauven*

*MD at time of publication

Primary Achalasia (idiopathic)

Secondary (Pseudo) Achalasia (due to another disease process such as tumor, Chaga's disease, diabetes mellitus)

Secondary disease processes can cause denervation or nerve dysfunction of esophageal myenteric plexus (EMP). Tumors can obstruct the lumen and infiltrate the EMP.

Achalasia

Nerves controlling the lower esophagus are damaged, making it difficult for food and liquids to pass the esophagus See "Achalasia: Pathogenesis and Clinical Findings" for full pathogenesis of primary and secondary achalasia

Visual differences from primary achalasia

Look for fixed abnormalities and/or mucosal irregularities and shouldering in the setting of a tumor

Inflammation and degeneration of nerves in the wall of esophagus

Dysfunction of the esophageal myenteric plexus (network of nerves in the GI tract responsible for peristalsis and sphincter relaxation)

Incomplete relaxation of the lower esophageal sphincter (LES) Loss of peristalsis in distal esophagus.

> **Esophageal Dilatation** Occurs upstream of narrow LES

Bird Beak Sign / Rat Tail Sign Smooth narrowing of the distal esophagus

Incomplete LES relaxation

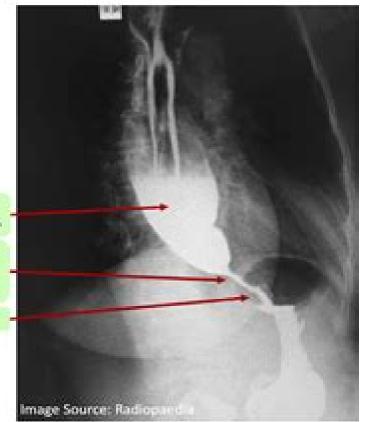
Barium outlines the GI tract, following esophageal abnormalities

Barium has difficulty passing through the

LES to the stomach

Normal findings

Barium Swallow may be normal in some patients with achalasia. Esophageal manometry (gold standard for diagnosis) or upper endoscopy can be considered instead.



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