



# ESOPHAGEAL DISORDERS

Episodes 33.1-33.2

## COMMON DISORDERS

- Esophagitis
- GERD
- Motility disorders
- Progressive sclerosis
- Strictures, rings
- Diverticulae
- Caustic ingestion
- Neoplasms

## ESOPHAGITIS

**Reflux, infectious, pill-induced, eosinophilic, radiation/chemotherapy**

- Sxs: dysphagia, odynophagia, regurgitation, chest pain, nausea
- P/E: ulcerations in oral cavity, signs of immunosuppression
- FUNGAL (candida) > VIRAL (EBV, CMV) > BACTERIAL (TB)
- Pill-induced: antibiotics (tetracyclines, clindamycin), ASA, NSAIDs, bisphosphonates, dabigatran
- Dx: endoscopy +/- biopsy +/- culture

## DYSMOTILITY - HYPER VS. HYPOKINETIC

**Nutcracker esophagus, distal esophageal spasm**

**/ Achalasia**

- Nutcracker: excessive pressure during peristalsis vs. DES spasm: abnormal repetitive non-peristaltic contractions
- Sx: dysphagia, chest pain
- Dx: abnormal pressures on manometry. DES spasm: "corkscrew" esophagus on barium swallow
- Tx: PPI, nitrates, CCB
- Insufficient LES relaxation and reduced peristalsis
- Sxs: dysphagia, chest pain, regurgitation
- Dx: "Birds beak" on barium swallow
- Tx: dilation, myotomy



## STRICTURES

- Dysphagia due to mechanical obstruction
- **Intrinsic -->** acid-induced, pill-induced, chemical/caustic, radiation, NG tube, surgical anastomosis, congenital, cancer
- **Extrinsic -->** Mediastinal lymphadenopathy, anomalous vessels/aneurysms, metastatic submucosal deposits
- Symptoms when lumen < 13mm (norm 20mm)
- Dx: esophagogram and endoscopy
- Tx: dilate to > 13mm with 40-54F dilators. If radiation / malignancy, high risk of perforation

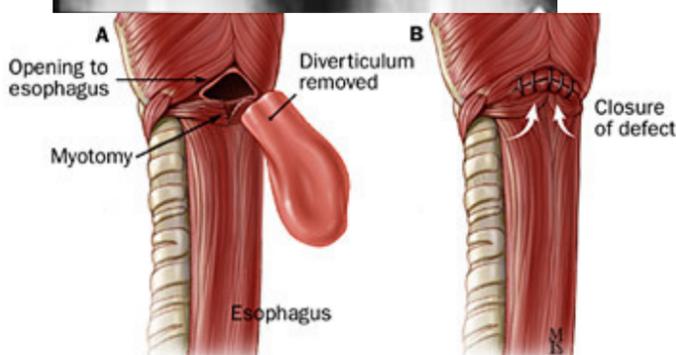


# ESOPHAGEAL DISORDERS

Episodes 33.1-33.2

## ZENKERS DIVERTICULUM

- Hernia of mucosa through esophageal muscular wall
- "True" --> all layers. "False" --> only submucosa / mucosa
- 3 areas of weakness throughout esophagus at particular risk. Killian's triangle, just above cricopharyngeus muscle
- Sxs: dysphagia, regurgitation with aspiration, halitosis
- Dx: barium swallow
- Tx: surgery (diverticulotomy [myotomy])



## ESOPHAGEAL NEOPLASMS

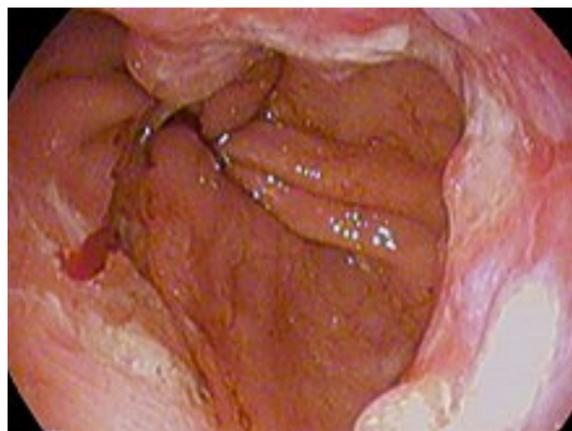
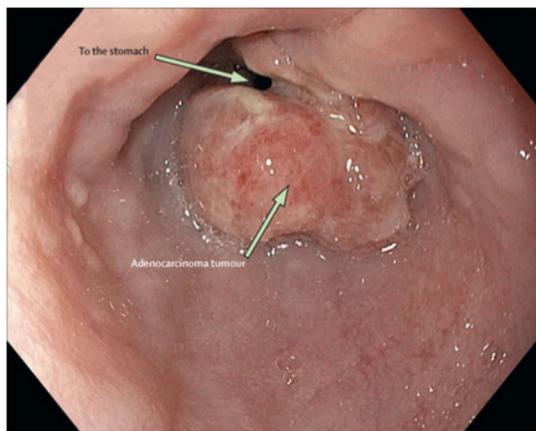
### Benign

- Papillomas
- Cysts
- Fibrovascular polyps

### Malignant

- Adenocarcinoma
- SCC

- Risks of malignancy: EtOH, tobacco, history of caustic injury, HPV, achalasia, GERD, Barrett's
- Sxs: painless progressive dysphagia, weight loss, anemia, hemorrhage, aspiration pneumonia, cervical lymphadenopathy
- Usually advanced on presentation. 25% 5yr survival
- Dx: endoscopy
- Tx: endoscopic or open resection +/- concurrent CRT



## ESOPHAGEAL EMERGENCIES

### Perforation

- Iatrogenic, diverticula, neoplasm

### Mediastinitis

- Due to perforation with large leak / abscess, tumour erosion

### Caustic ingestion

- Inadvertent or intentional ingestion of caustic substance

### Obstruction

- Tumour, foreign body, stricture, achalasia

### Hemorrhage

- Varices, neoplasm, esophagitis with erosion, Mallory-Weiss