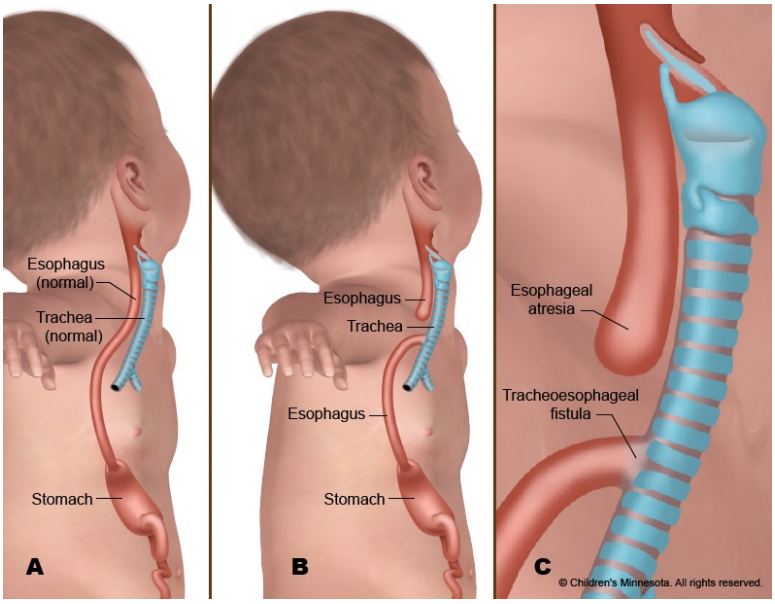
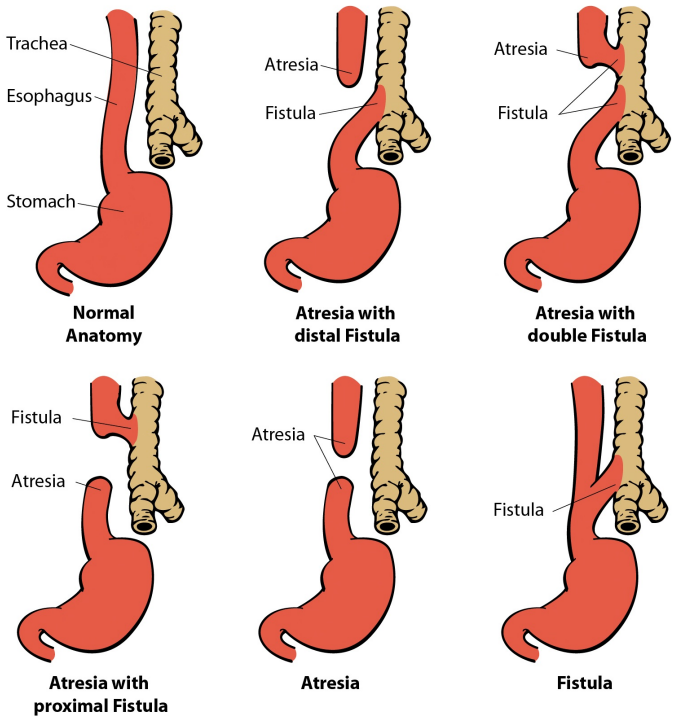
Esophagus

Congenital & Mechanical Disorders

① Tracheoesophageal fistula

- Congenital defect resulting in a connection between esophagus and trachea.
- Most common variant consists of proximal esophageal atresia with distal esophagus arising from trachea.

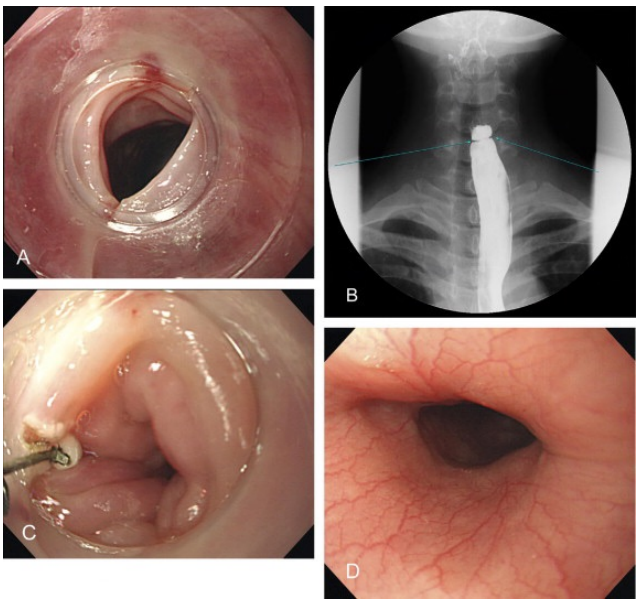




- Often discovered soon after birth because of Aspiration.
- In adult the condition can occur secondary to malignancy, trauma or iatrogenic causes.
- Presents with vomiting, polyhydraminos, abdominal distension, and aspiration.

② Esophageal Web :

- Thin protrusion of esophageal mucosa, most often in upper esophagus.
- Presents with dysphagia for poorly chewed food.
- Increased risk for esophageal sq. cell carcinoma.
- Plummer-Vinson syndrome is characterised by severe iron deficiency anemia, esophageal web, and beefy-red tongue due to atrophic glossitis.

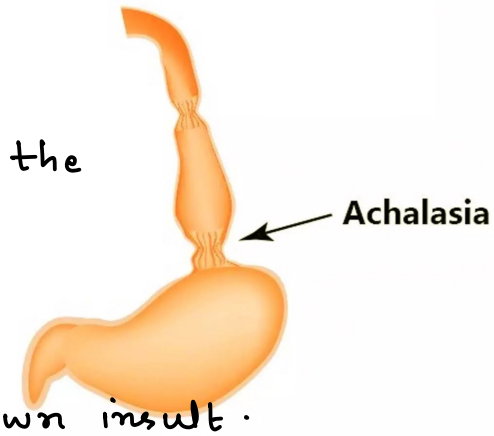


③ Achalasia :

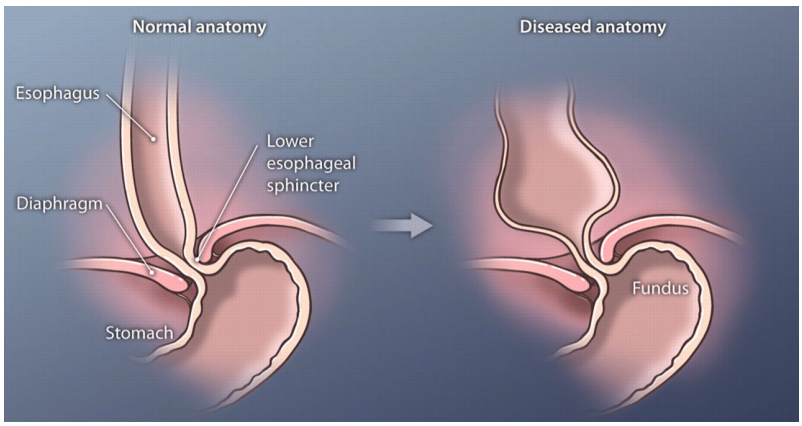
- Disordered esophageal motility with inability to relax the lower esophageal sphincter (LES).

Cause :

- Due to damaged ganglion cells in the myenteric plexus.
- Damage to ganglion cells can be idiopathic or secondary to a known insult.
  (As Trypanosoma cruzi infection in Chagas disease)



Clinical Features:



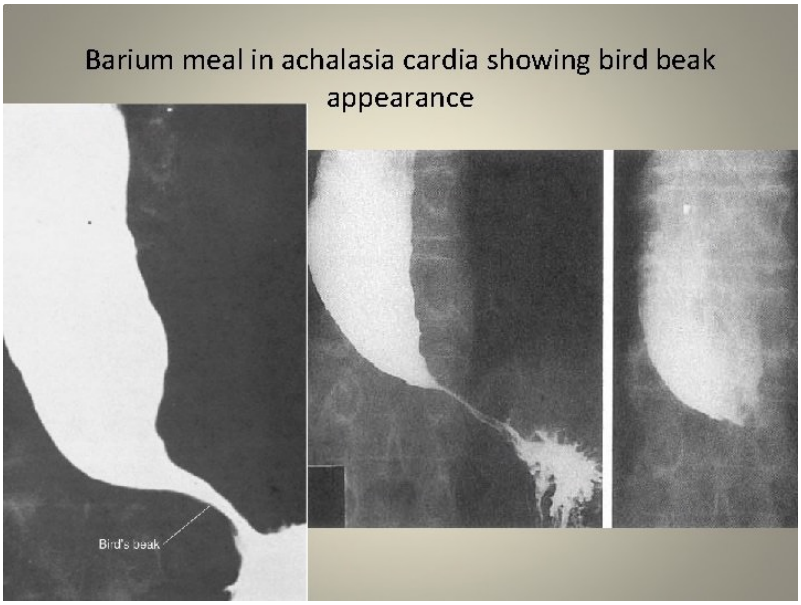
(i) Dysphagia

(ii) Putrid Breath

(iii) High LES pressure on esophageal manometry

(iv) 'Bird-beak' sign on barium swallow study.

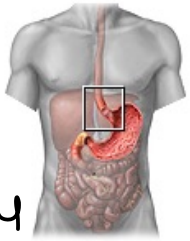
(v) Increased risk for Esophageal sq. cell carcinoma.

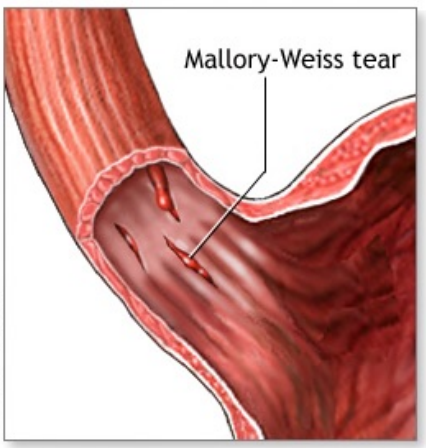


MedNotes

Hematemesis & Esophageal Bleeding

(4) Mallory-Weiss Syndrome:





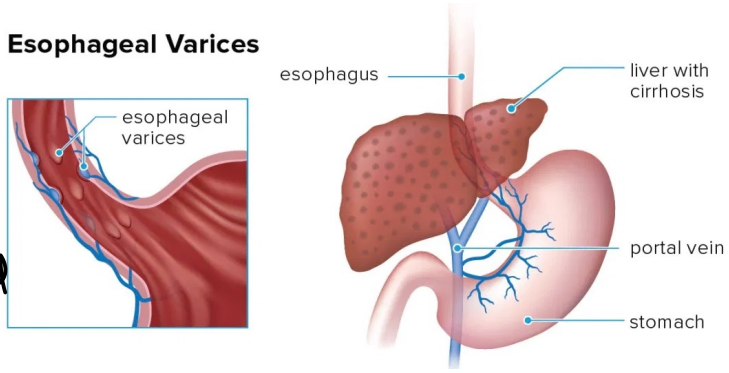
Mallory-Weiss tear is a tear in the mucosal layer at the junction of the esophagus and stomach

- Longitudnal laceration of Mucosa at the Gastroesophageal (GE) Junction.
- Caused by Severe Vomiting, usually due to alcoholism / bulimia.

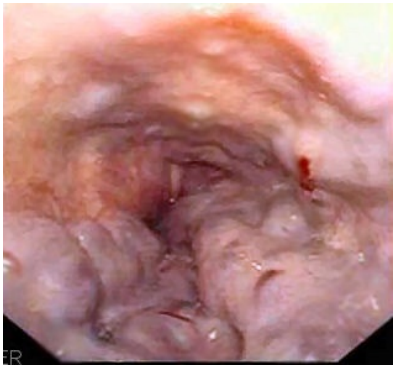
- Presents with painful hematemesis
- Risk of Boerhaave Syndrome → Rupture of Esophagus leading to air in the mediastinum and subcutaneous emphysema.

⑤ Esophageal Varices:

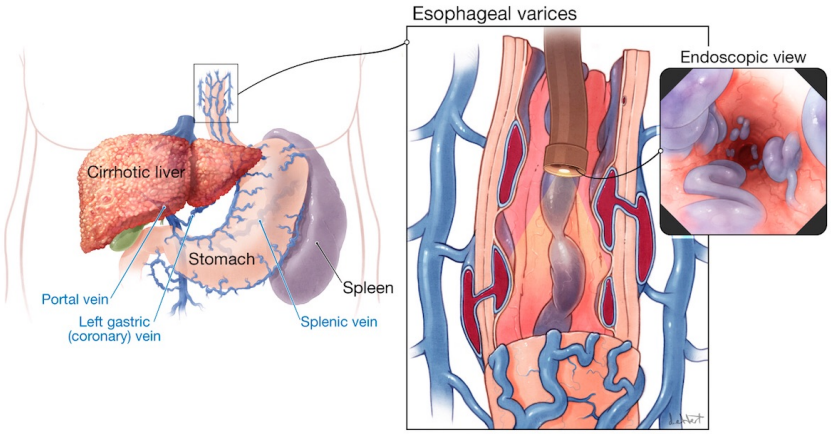
- Dilated submucosal vein in lower esophagus.



- Arise secondary to Portal Hypertension
- Most common cause is Cirrhosis.
- Asymptomatic but risk of Rupture exists.
  - Present with Painless hematemesis
  - Complication → fatal Hemorrhage

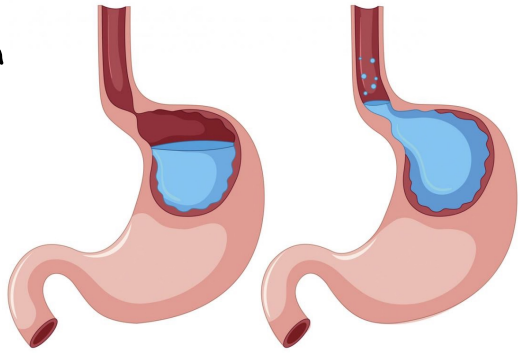


- Treatment is generally band ligation, sclerotherapy, or balloon tamponade.



Esophagitis

⑥ Gastroesophageal Reflux Disease (GERD):



- Reflux of Acid from the stomach due to reduced LES tone.
- Risk factors include:
  - Alcohol
  - Tobacco
  - Obesity
  - Fat-rich diet
  - Caffeine
  - Hiatal Hernia.

Clinical Features:

(i) Heartburn (mimics cardiac chest pain)

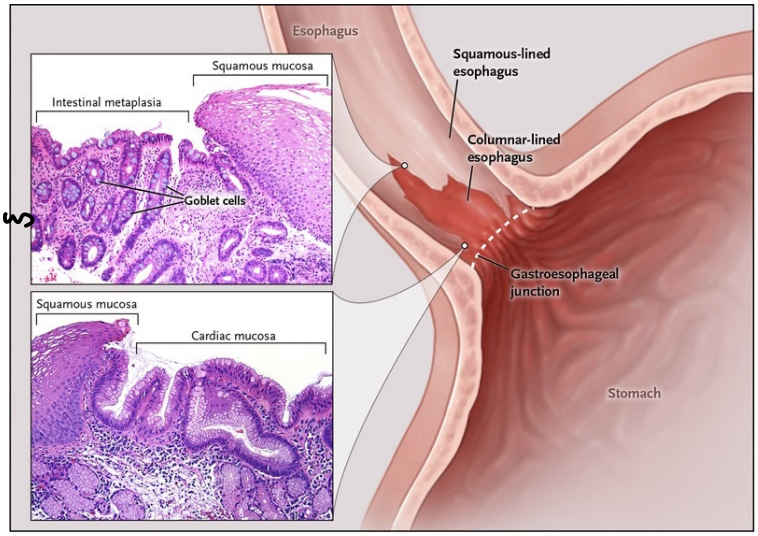
(ii) Asthma (adult onset) & cough

(iii) Damage to enamel of Teeth

(iv) Ulceration with stricture, Barrett esophagus are late complications.

⑦ Barrett Esophagus:

- Metaplasia of lower esophagus mucosa from stratified squamous epithelium to nonciliated columnar epi. with goblet cells.

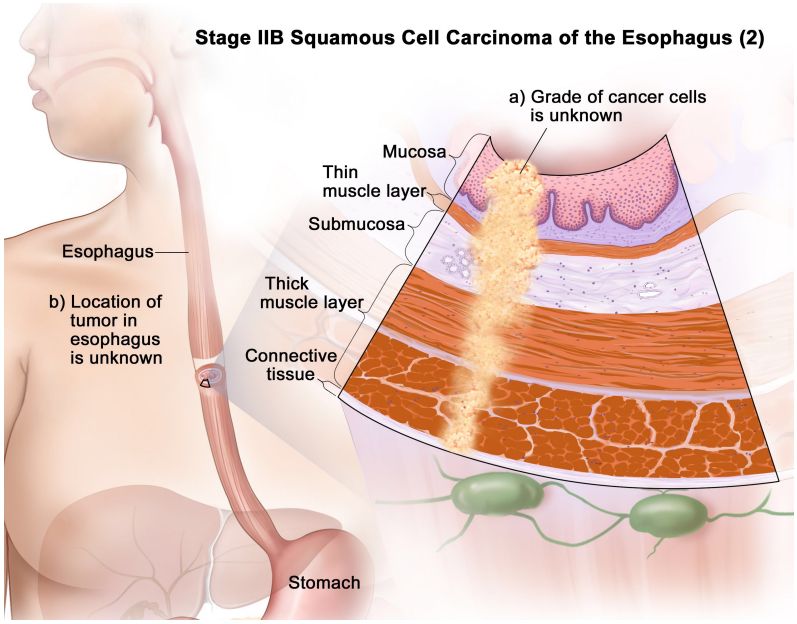


- Seen in 10% of patients with GERD.
- May response to dysplasia and adenocarcinoma.

Esophageal Carcinoma

(8) Squamous Cell Carcinoma of Esophagus :

- Most common type of Esophageal Cancer.
- Men > Women
- Risk factors include :
  - (i) Heavy smoking
  - (ii) Alcohol use
  - (iii) Achalasia
  - (iv) Plummer - Vinson syndrome
  - (v) Tylosis
  - (vi) Lye ingestion.



- Often asymptomatic until late in the course.

Symptoms :

- Dysphagia
- Weight loss
- Anorexia
- Bleeding
- Hoarseness
- Cough

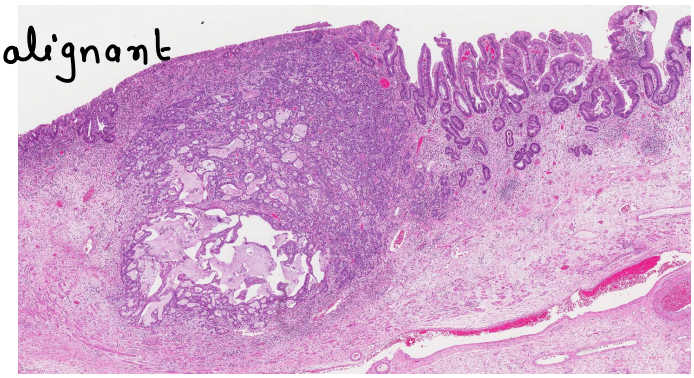
Diagnosis :

- Endoscopy with Biopsy.

Treatment :

- Surgery with poor prognosis

⑨ Adenocarcinoma of Esophagus:



- Adenocarcinoma is a malignant proliferation of glands.
- Arises in distal esophagus.
- Arises from prexisting Barrett esophagus
  (usually involves lower 1/3rd of esophagus)

- Location of lymph node spread depends on level of esophagus that is involved.
  - (a) Upper 1/3 - Cervical nodes
  - (b) Middle 1/3 - Mediastinal or Tracheobronchial Nodes
  - (c) lower 1/3 - Celiac & gastric nodes.

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