

High Grade Gastric Adenocarcinoma presenting as Dysphagia

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Pseudoachalasia is an Achalasia-like syndrome described in patients with malignancy. It is due to invasion of the esophageal neural plexuses directly or through the release of humoral factors that disrupt esophageal motility as part of a paraneoplastic syndrome. In addition to gastric carcinoma, pseudoachalasia can be caused by cancer of the esophagus, carcinoma of the lung, lymphoma, and pancreatic carcinoma. Achalasia is an uncommon disorder; annual incidence is approximately 1.6 cases per 100,000 individuals and prevalence of 10 cases per 100,000 individuals. Men and women are affected equally. Pseudoachalasia occurred mainly in the elderly and represented about 9 percent of these patients over 60 years of age with suspected achalasia.

A 68 year old female with past medical history significant for H. pylori diagnosed via blood test and had completed treatment few months prior, who was admitted for worsening dysphagia and odynophagia. She had 6 weeks of difficulty swallowing solids that has progressed to liquids. States when she drinks sips of water she has 8/10 spasms in substernal region, only relieved by vomiting. She had weight loss of 22 lbs in 6 weeks. Patient was found to have hypokalemia and had a CT scan of the neck that did not show any masses, however esophagram showed dilation of the proximal esophagus with stricture of the distal esophagus. Esophagogastroduodenoscopy found a mass at the Gastro-Esophageal junction with multiple friable lesions in the mucosa of the stomach. Biopsy confirmed poorly differentiated high grade Adenocarcinoma. CT chest/abdomen/pelvis with contrast showed circumferential mass involving the gastroesophageal junction and gastric cardia with high-grade obstruction, as well as metastatic disease to liver and adrenal. Patient decided to be DNR/DNI and opted out of chemotherapy and radiation therapy. PEG tube was placed for concerns of failure to thrive as the patient was unable to tolerate feeds. As patient was decompensating quickly, family decided to pursue hospice care, and passed away few days later.

Primary achalasia is a disease of unknown etiology in which there is a loss of normal peristalsis in the distal esophagus and a failure of lower esophageal sphincter (LES) relaxation with swallowing. The disease can occur at any age, but onset before adolescence is rare. Achalasia is usually diagnosed in patients between the ages of 25 and 60 years. Barium esophagram and upper endoscopy are complementary tests to manometry in the diagnosis of achalasia. Chest X-ray may reveal widening of the mediastinum due to the dilated esophagus, and the normal gastric air bubble may be absent. Upper endoscopy is performed to exclude pseudoachalasia, and those patients without evidence of mechanical obstruction can then undergo esophageal manometry to confirm the diagnosis. Certain features increase the likelihood that a patient has pseudoachalasia due to malignancy. These include duration of symptoms less than 6 months, age greater than 60, excessive weight loss, and difficult passage of the endoscope through the gastroesophageal junction. In such cases, endoscopic ultrasonography with fine-needle aspiration (EUS-FNA) should be performed to diagnose an underlying malignancy. Patient's should be kept NPO and a consult should be sent to Oncology and General Surgery for possible treatment options.

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