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ESOPHAGEAL ACHALASIA IN AN ADOLESCENT: A CASE REPORT

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Background: Achalasia is a rare disorder, particularly in Pediatrics, characterized by esophageal aperistalsis and inadequate relaxation of the lower esophageal sphincter. Its etiology remains unclear and is mostly idiopathic. This is a case of an adolescent male who presented with progressive dysphagia, occasional chest pain, and significant weight loss, and was diagnosed with Esophageal Achalasia through upper GI series, endoscopy, and manometry. The patient underwent Heller's Myotomy, the surgical gold standard for treatment

Introduction: Achalasia of the esophagus is a very rare condition, with an estimated annual incidence of 1:100,000 cases overall, and less than 5% of which occur in children (0.11 per 100,000 pediatric patients).1 Pediatric achalasia is generally diagnosed between 7 and 15 years of age and has a slight predominance in boys.2 In the Philippines, only 3 cases have been reported in the Philippine Pediatric Society Registry for the year 2020. 3 Achalasia is a pathological condition causing dysphagia, reflux, and regurgitation. The hallmarks of diagnosis include esophageal dysmotility and lack of relaxation of the lower esophageal sphincter (LES). Diagnosis is suspected by the clinical history, but is often delayed in children because of the rarity of the disease. If left untreated, the sequelae can be significant, as the proximal esophageal tissue becomes more compliant as a compensatory measure and entirely nonfunctional by end-stage disease. It is a life-long, debilitating condition, with a significant impact on quality of life. Hence, prompt diagnosis and intervention are needed. To date, pneumatic balloon dilation (PD) and Heller's myotomy (HM) are considered the most effective therapeutic options in children

Conclusion: Achalasia is a rare condition affecting esophageal motility in children. In a manner similar to the disease found in the adult population, children experience symptoms of dysphagia, regurgitation, and chest pain due to a failure of relaxation of the lower esophageal sphincter. Standard diagnostic approaches include upper endoscopy and esophageal manometry. Achalasia therapy is aimed at improving esophageal emptying by reducing lower esophageal sphincter tone either pharmacologically or surgically. However, there is currently no defined therapeutic algorithm for the pediatric population.15 Guidelines for pediatric achalasia rely upon a combination of data obtained from studies in adults and expert opinion. Hence, there is a need for well-designed intervention trials in children with achalasia to determine optimal management and facilitate evidence-based clinical guideline development.

Biography

Corinna Mae R. Caragfrom from Philippines she played key role in Pediatrics child cure at St. Luke's medical center- global city institute of pediatrics and child health is a Faculty of Medicine, and has experience of 5years in teaching and treating.