



Esophagus

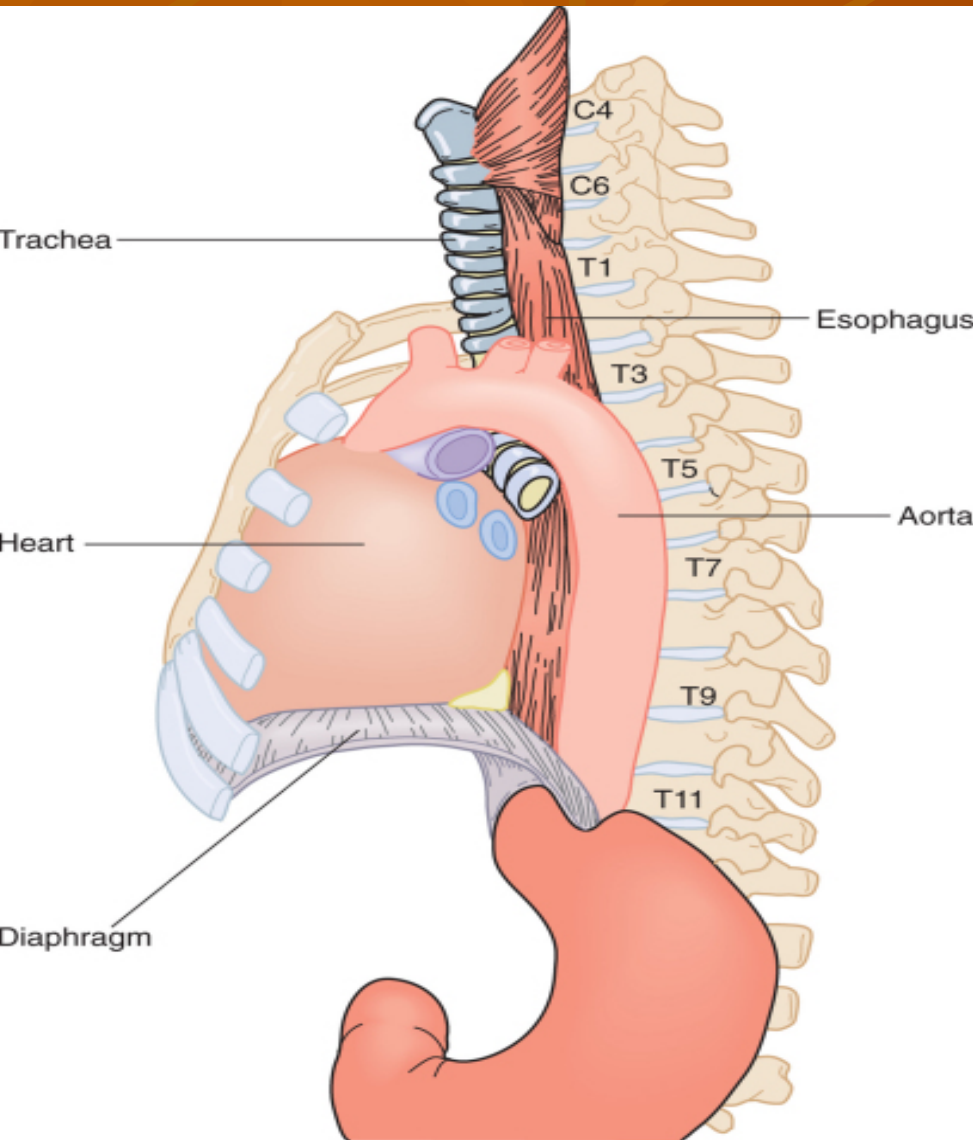
Objectives

- Describe anatomic and physiologic factors predispose to reflux esophagitis
- Symptoms of reflux esophagitis
- Describe hiatal hernia (types)
- Describe indications for operative management.

Objectives

- Describe achalasia
- Radiologic findings and evaluation
- Esophageal diverticula
- Cancers
- Perforations

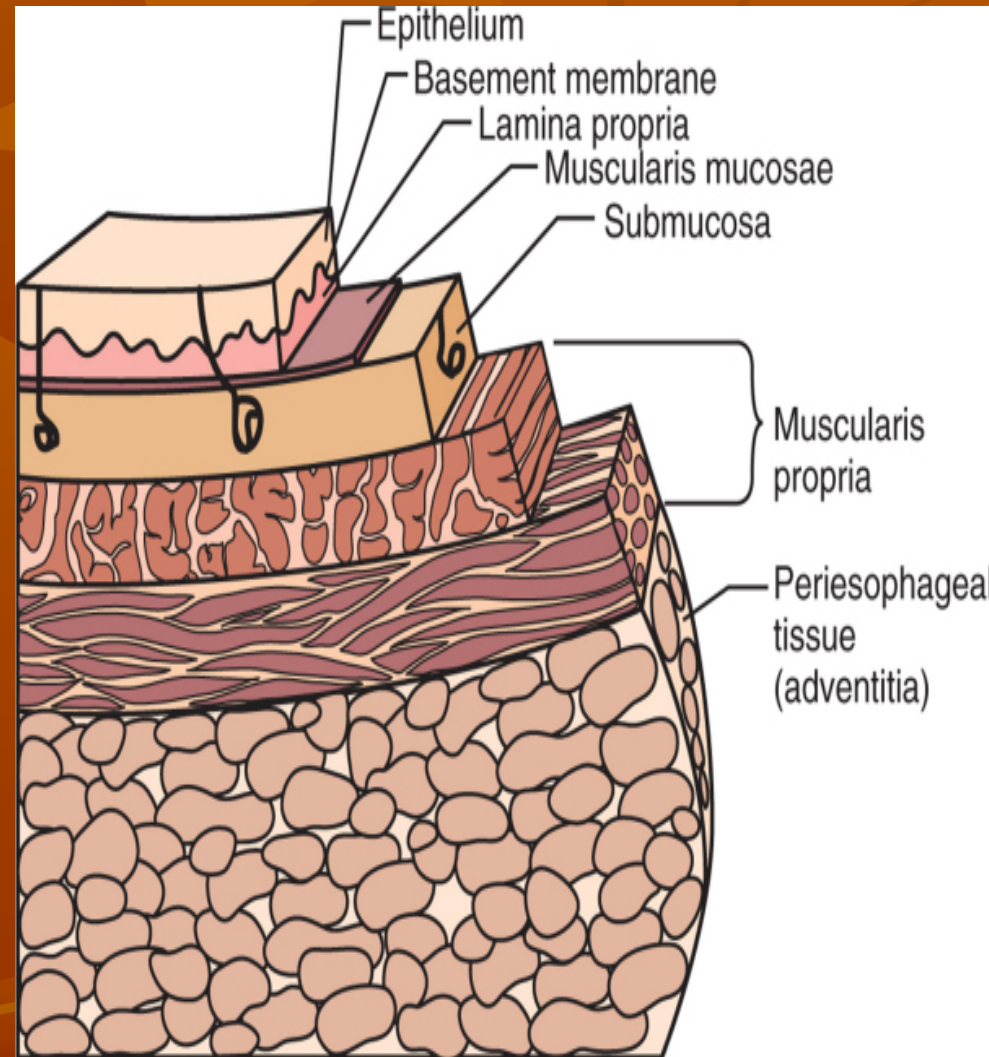
Anatomy



- Originates where?
- Traverses what to get to ABD?

Anatomy

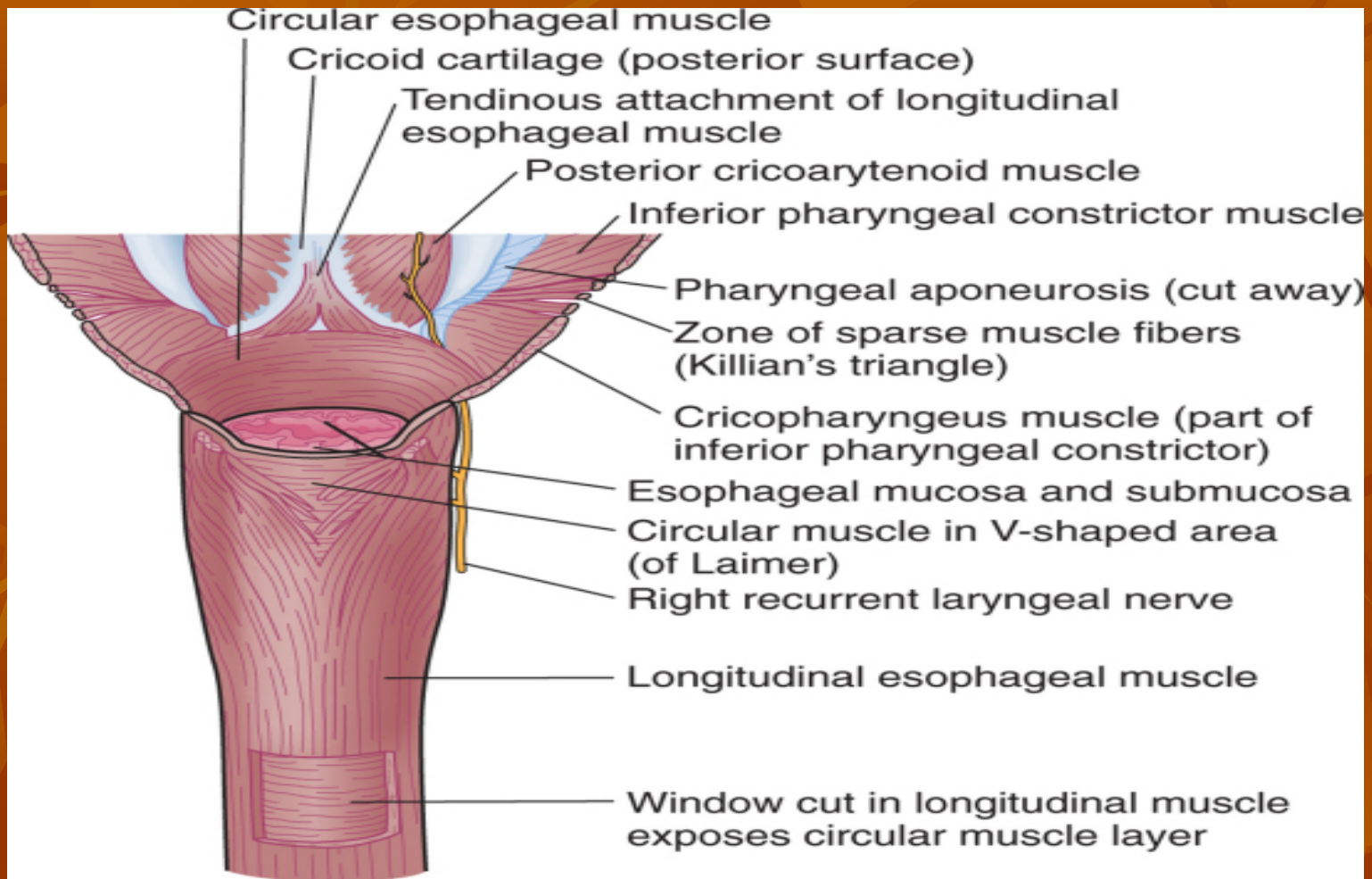
- Layer of esophagus
- Muscles



Sphincters

- Sphincters
- Where and how many?

Upper Sphincter



Posterior view with pharynx opened and mucosa removed

Lower Sphincter

- Purpose to prevent gastric reflux
- Resting pressure

History and physical

- What questions?

Presentation

- Dysphagia
- Odynophagia
- Globus hystericus
- Heartburn
- Regurgitation
- Vomiting
- Recurrent bronchitis or pneumonia
- hiccups

Physical and tests

- Physical of the esophagus?
- What tests?

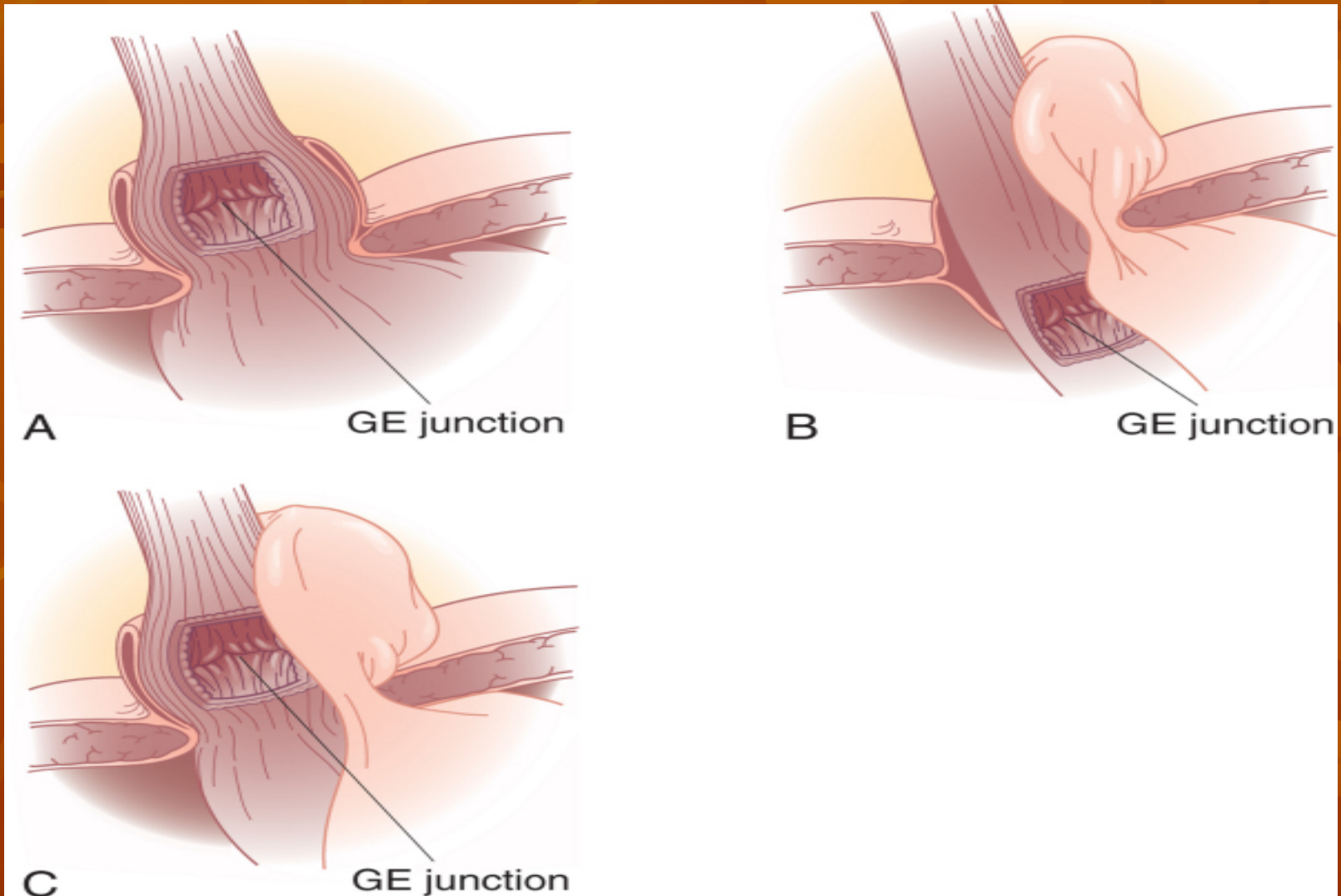
Diagnostic Studies

- CXR
- Barium swallow
- CT
- Esophagoscopy
- Manometry and fluoroscopy
- pH monitoring

Hiatal Hernia

- What are the major types?
- Which is the most common?

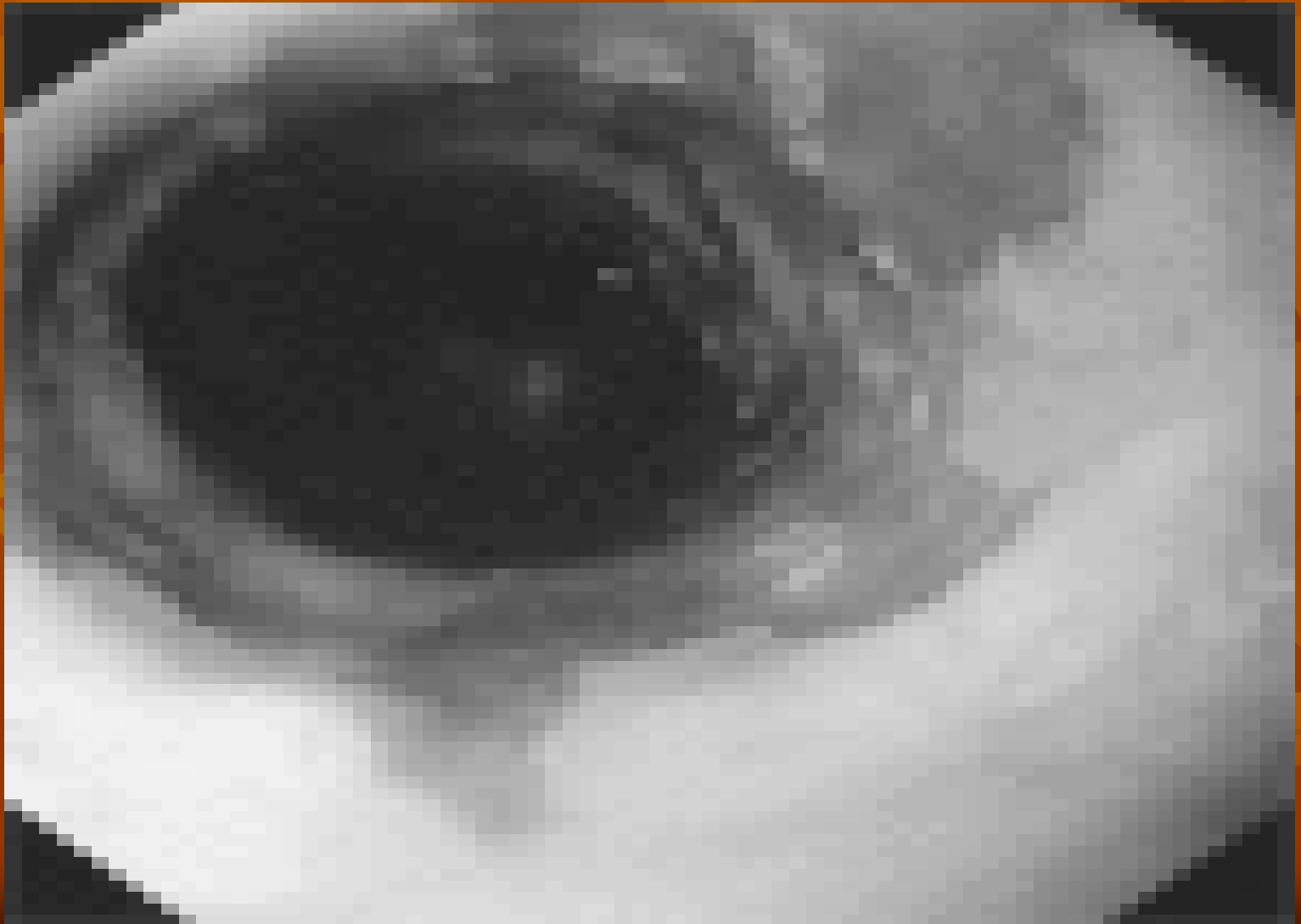
Types of hiatal hernias



Pathophysiology

- Loss of anatomic relationship
- Reflux
- Barrett's esophagus
- Shortened IA esophagus

Barrett's esophagus



Presentation

- Burning epigastric pain or tightness
- Lump or food stuck
- Alcohol, ASA, tobacco, caffeine, chocolate
- Aspiration pneumonitis or asthma or laryngitis
- Dysphagia, bleeding, respiratory distress

Diagnosis

- Barium swallow
- EGD
- Schatzki ring

Schatzki's
ring



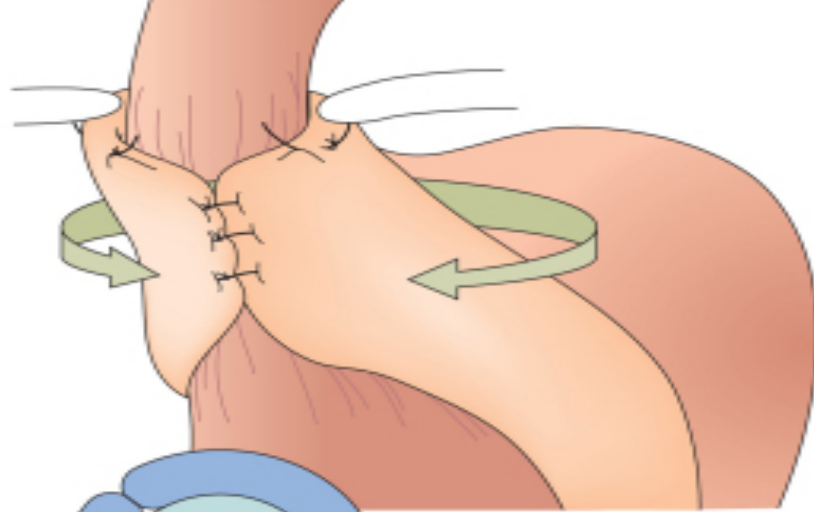


Medical Treatment

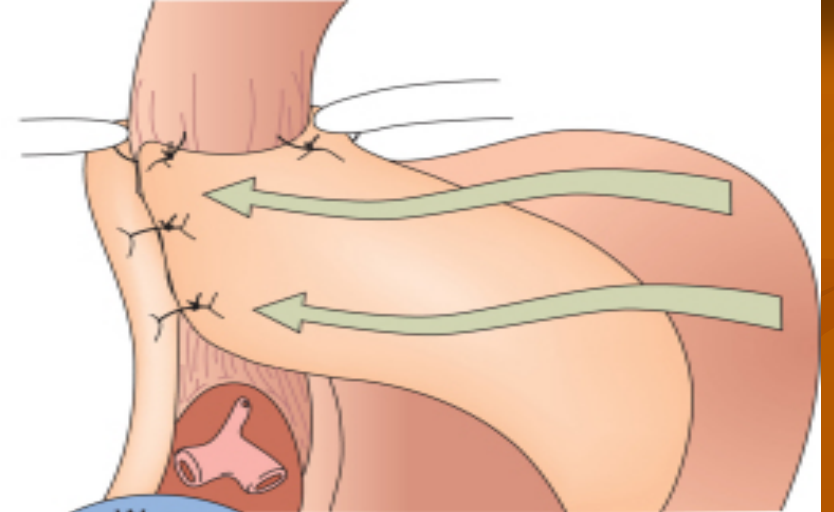
- 80% respond
- Avoidance
- Tight garments
- Antacids
- Abstinence prior to sleep
- Elevated HOB
- Weight loss

Surgical Treatment

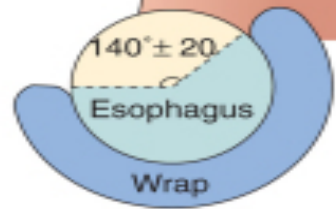
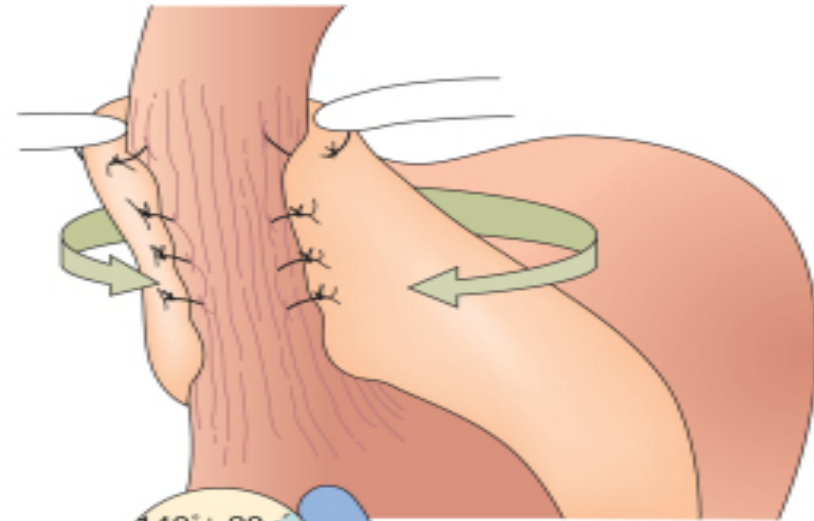
- Correct anatomic defect
- Transthoracic or transabdominal
- Complications- gas-bloat syndrome
- Prognosis- 90% relief of symptoms



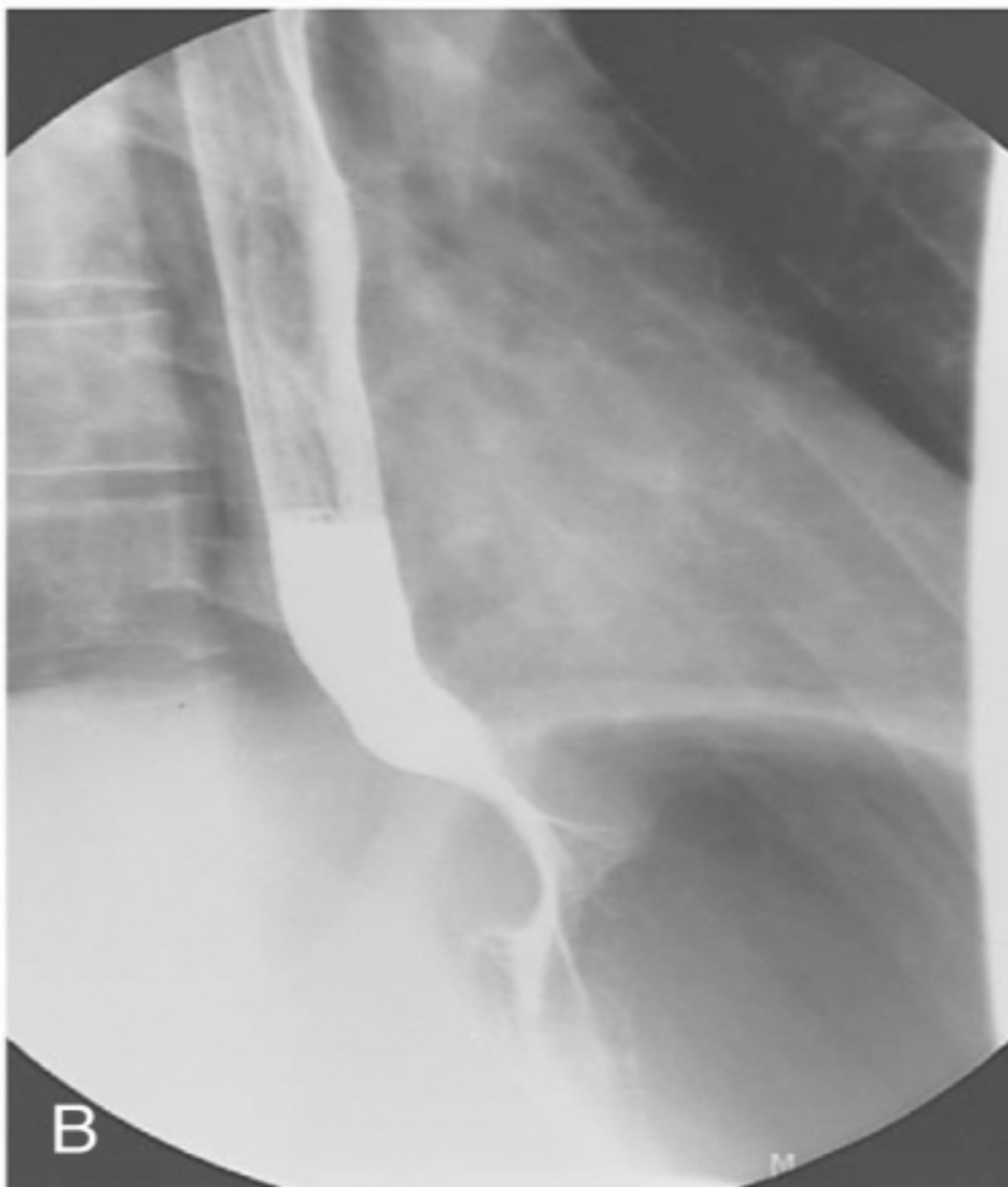
A



B



C



Achalasia

- Failure to relax
- Distal esophagus
- Chagas disease (trypanosomiasis)
- Presentation- dysphagia, regurgitation, weight loss
- Liquid to force food down
- Aspiration pneumonia

Achalasia

- Dx- contrast studies
- Manometric pressures show tertiary waves with diffuse spasm
- Treatment- medical not helpful
- Treatment- surgical 95% complete relief

Medical treatment

- Balloon dilatation
- Rupture the circular muscle
- Complication - perforation

Surgical Treatment

- Heller myotomy- distal 5 cm of esophagus and extend 1 cm onto stomach.
- Modified fundiplication



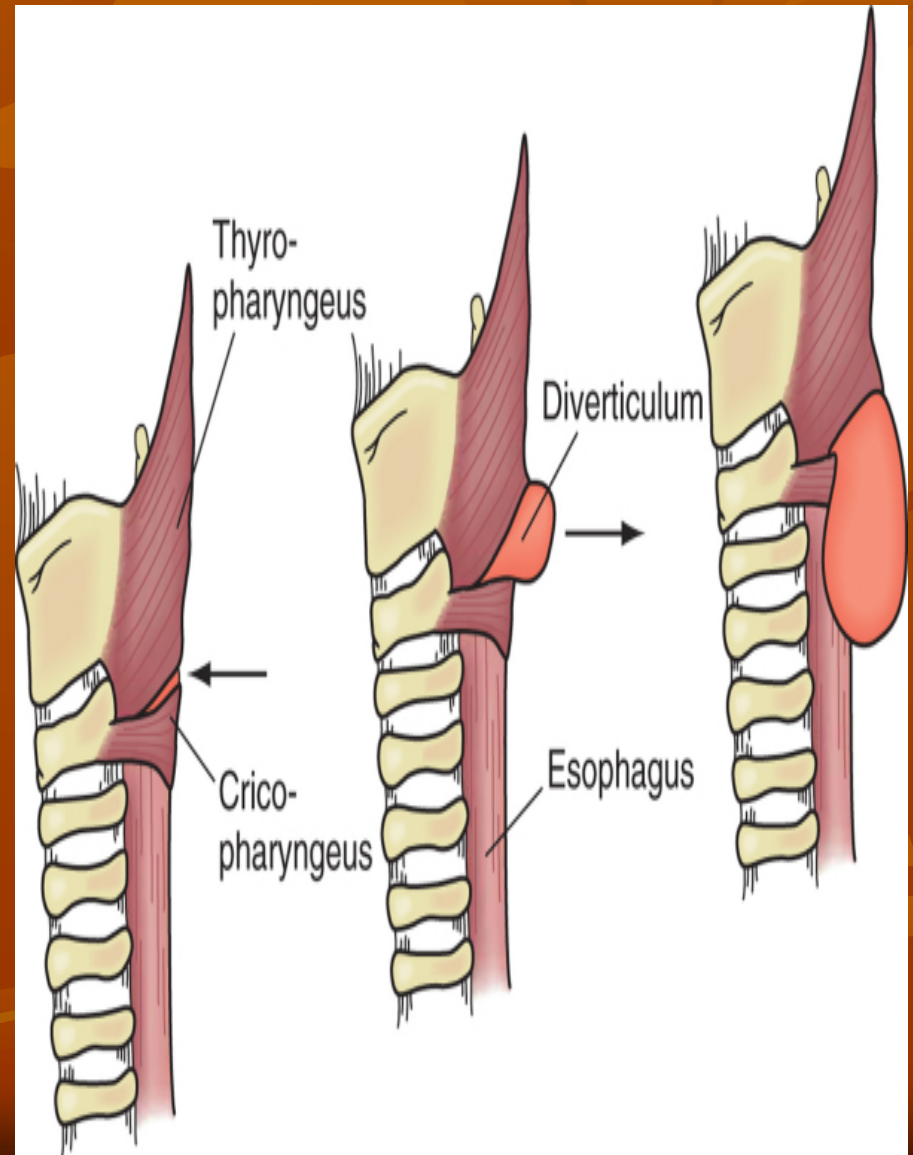
Bird's beak

Diverticula

- Outpouching of all or part of the wall.
- Types- traction and pulsion
- At any level

Zenker's Diverticula

- Pulsion
- Dysfunction of cricopharyngeal muscle
- Between oblique fibers of thyropharyngeal ms and cricopharyngeus
- elderly



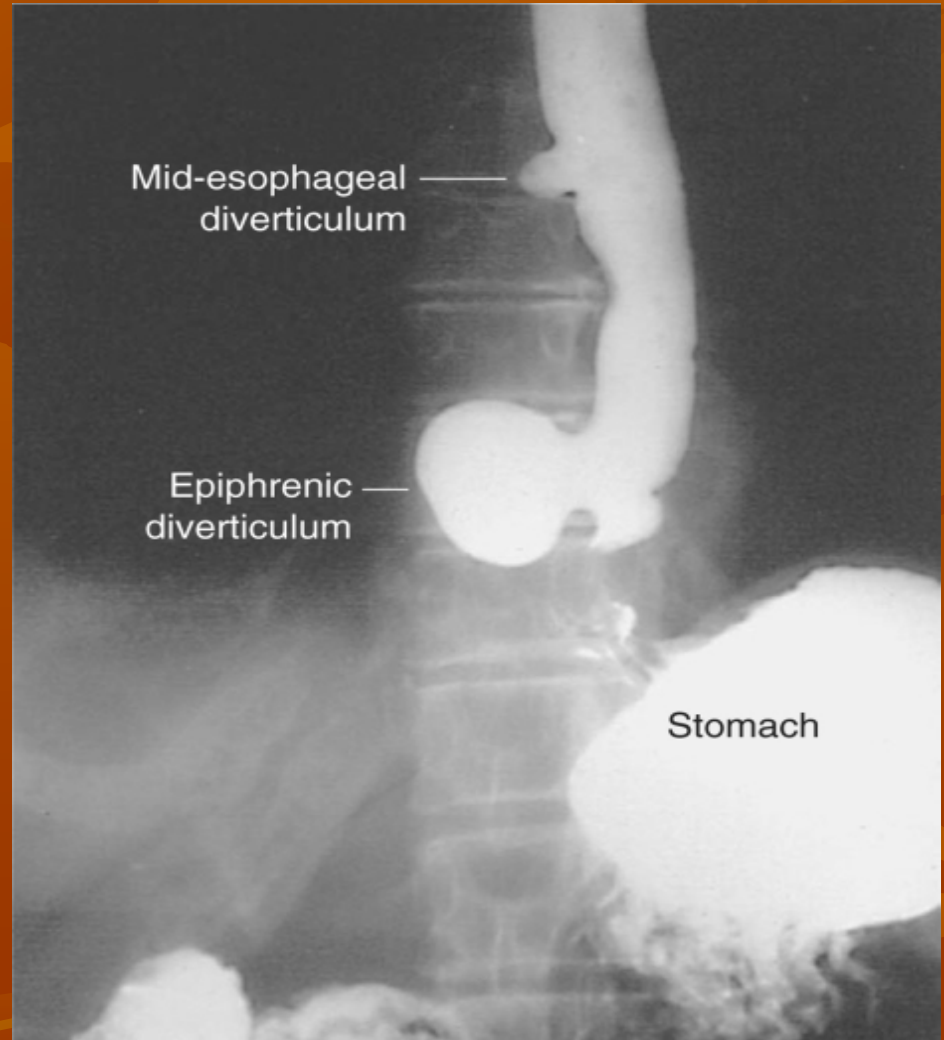
Zenker's

- Regurgitation, choking, putrid breath odor
- Treatment – myotomy of cricopharyngeal ms and excision or elevation of diverticulum



Traction diverticula

- Middle third
- Mediastinal inflammation



Neoplasms

- Benign- rare
- Leiomyomas
- Excision to eliminate tumor growth
- Malignant
- Squamous carcinoma- 85%
- Adenocarcinoma- 10%
- Sarcomas
- lymphoma

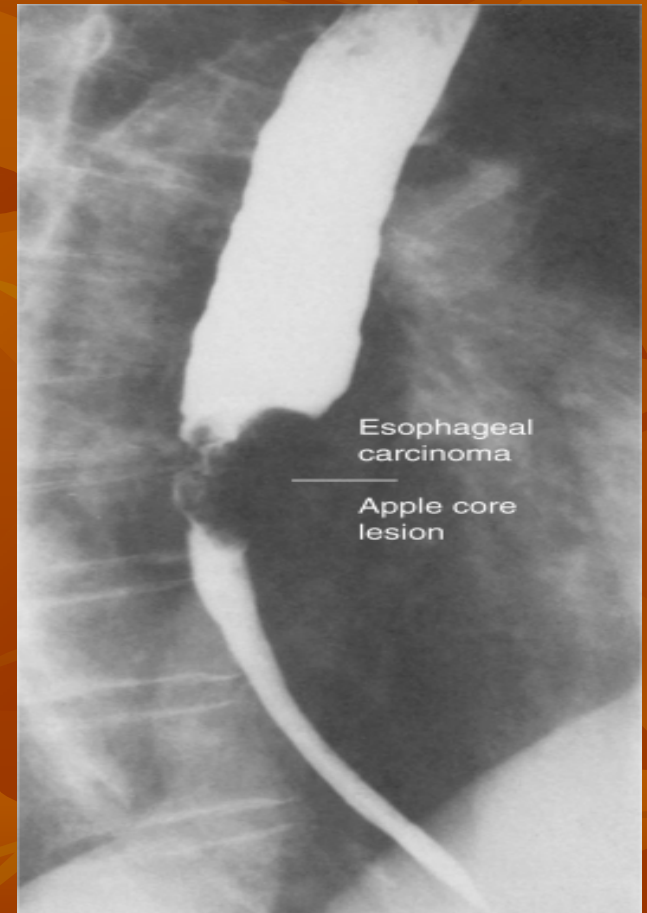


Presentation

- Insidious onset precluding early dx
- Dysphagia- solids first then liquids
- Retrosternal pain, odynophagia
- Constant pain in back and chest
- Hoarseness
- 75% positive nodes at presentation

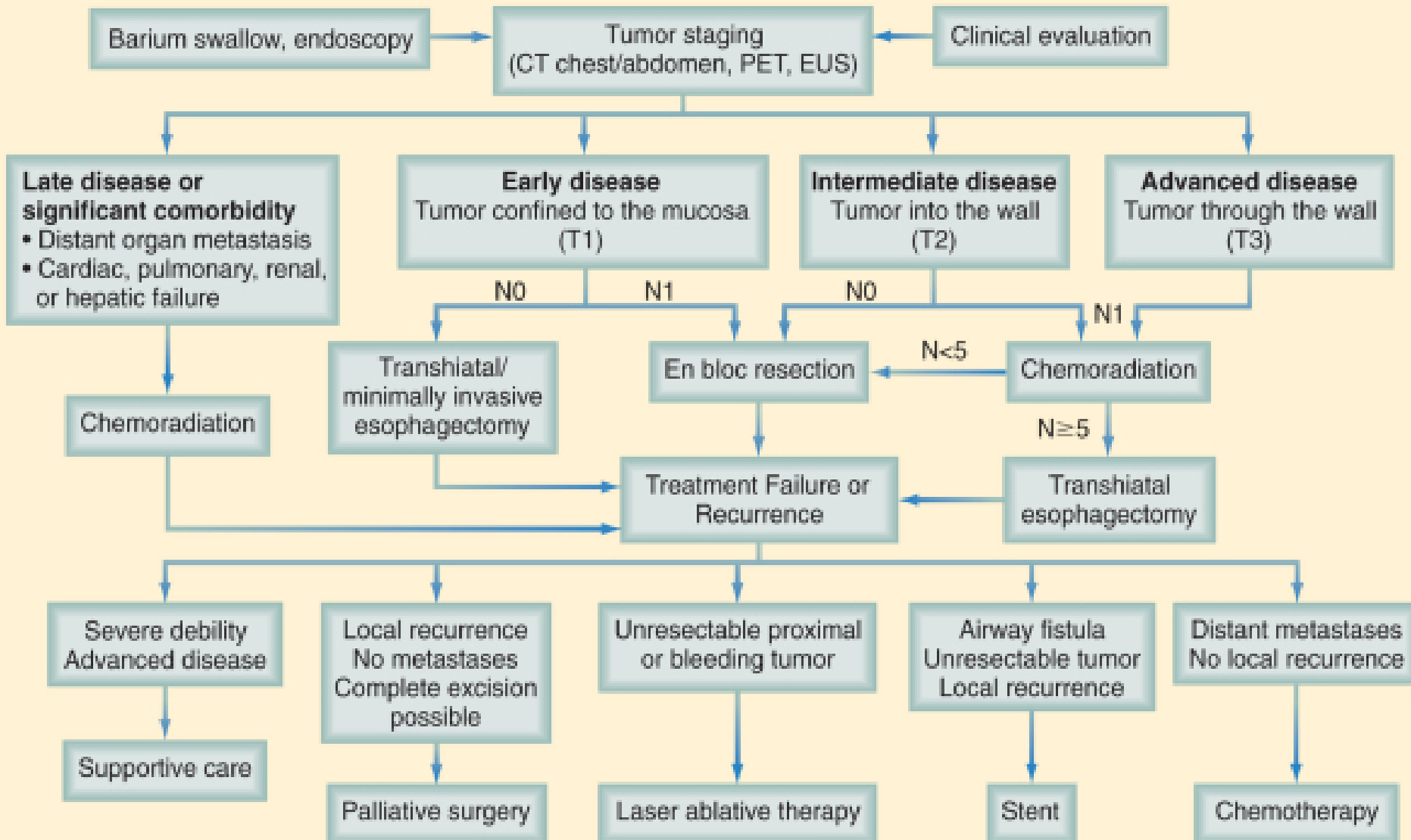
neoplasms

- Dx- ragged edge, shelf or apple core appearance
- Upper GI series follow by EGD
- CT- extranodal mets
- EUS staging



Treatment

MANAGEMENT OF CARCINOMA OF THE ESOPHAGUS



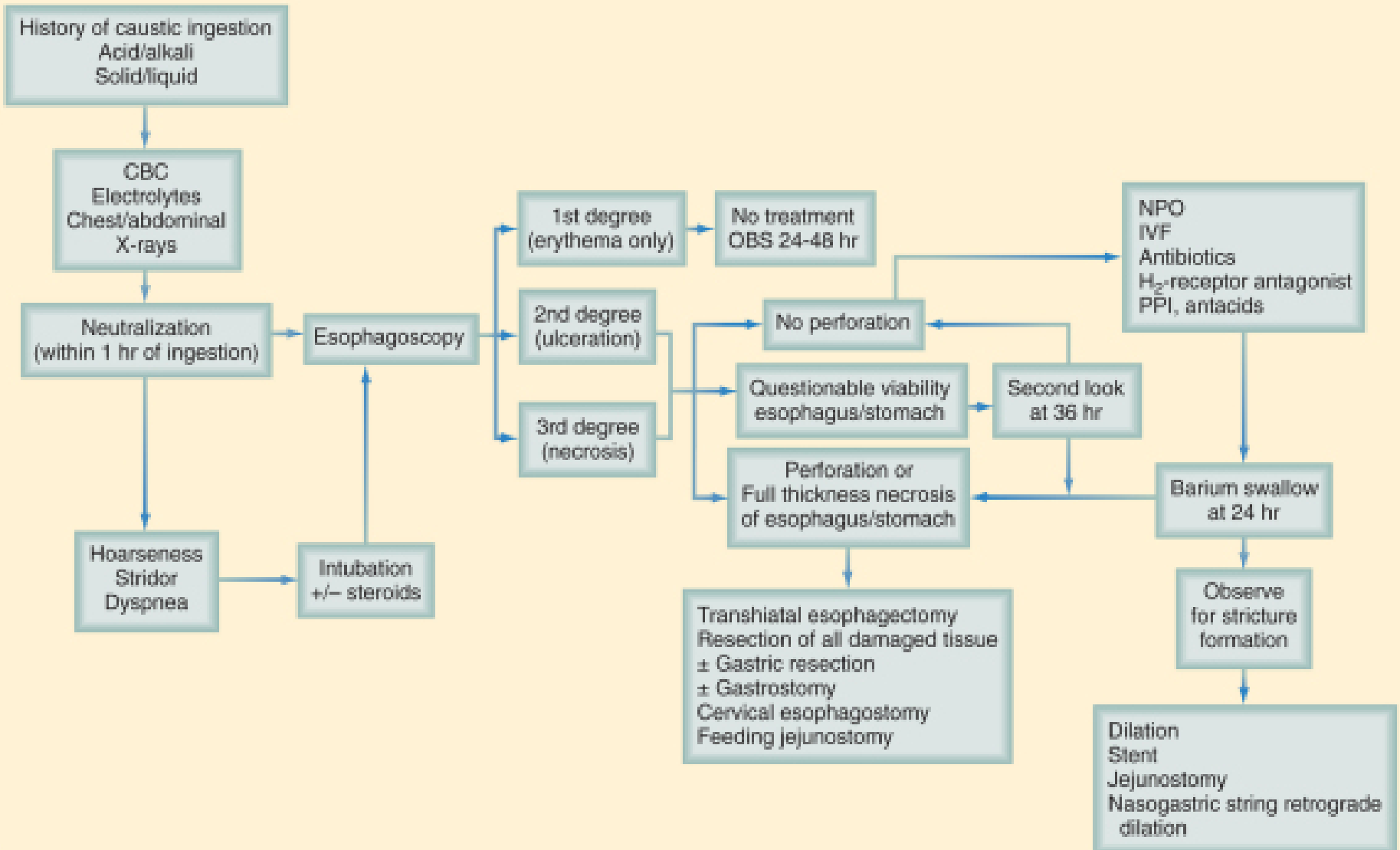
Prognosis

- SCC and adenocarcinoma very poor prognosis
- Seldom exceeds 20%
- Cure rate 5%

Traumatic

- Perforations
- Most instrumentation
- Boerhaave's syndrome
- Ingestion acid or alkaline products
- Alkaline- deep penetration and liquefactive necrosis
- Acid – coagulative necrosis

Treatment



Questions

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