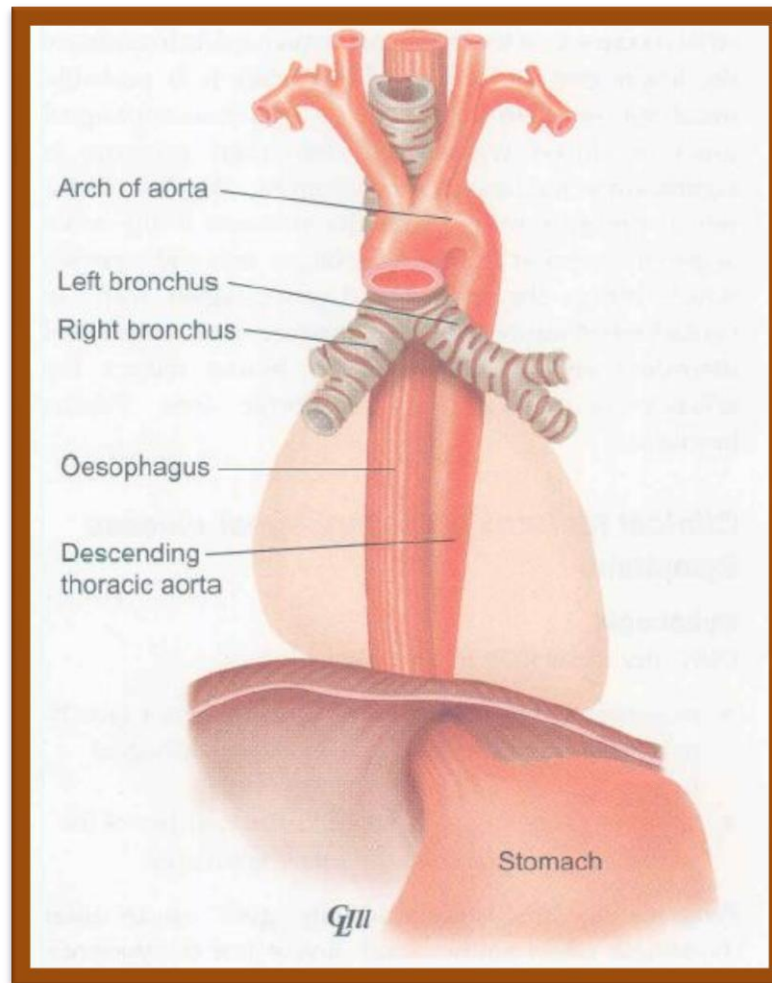
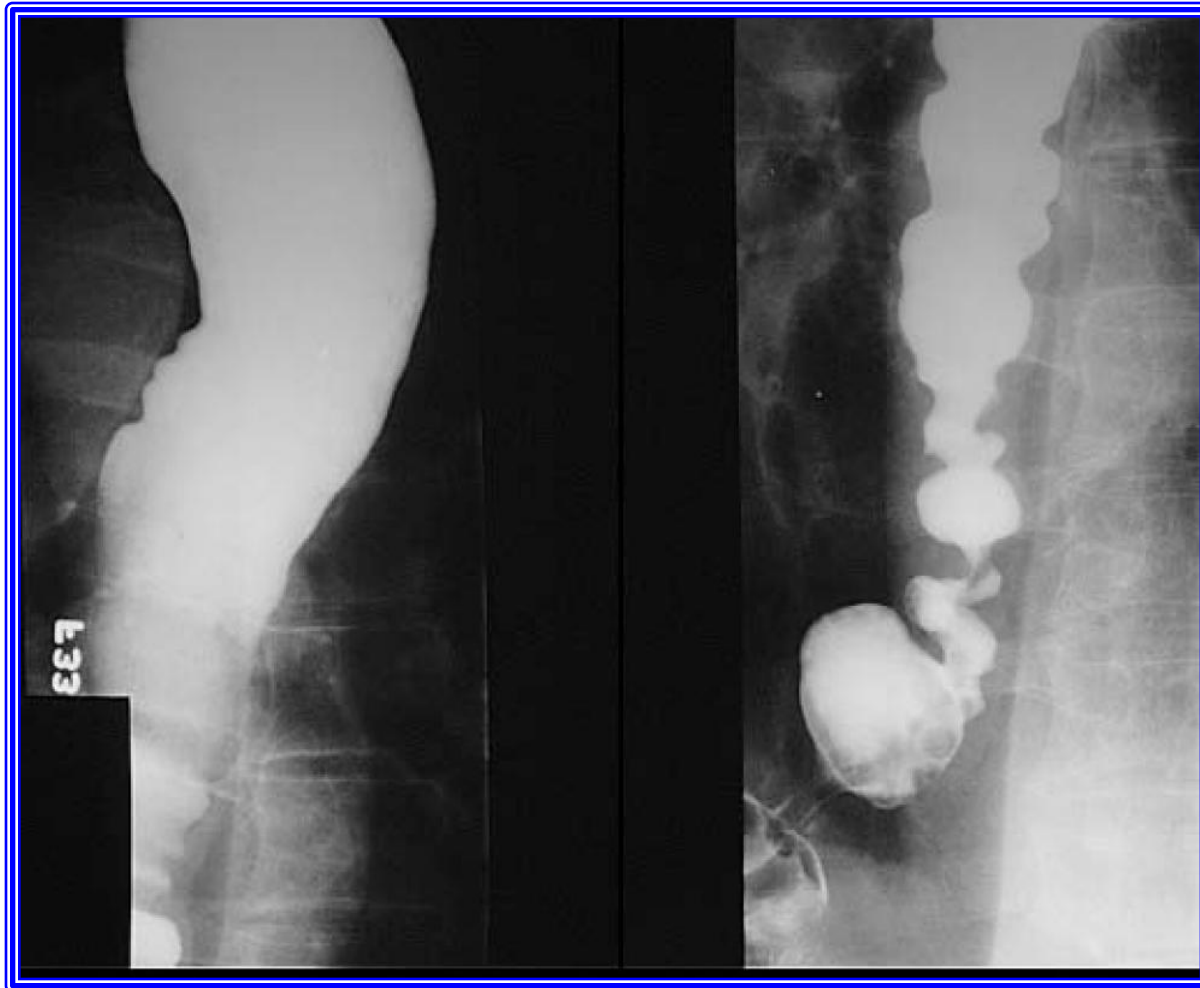


Anatomical relationships of the oesophagus

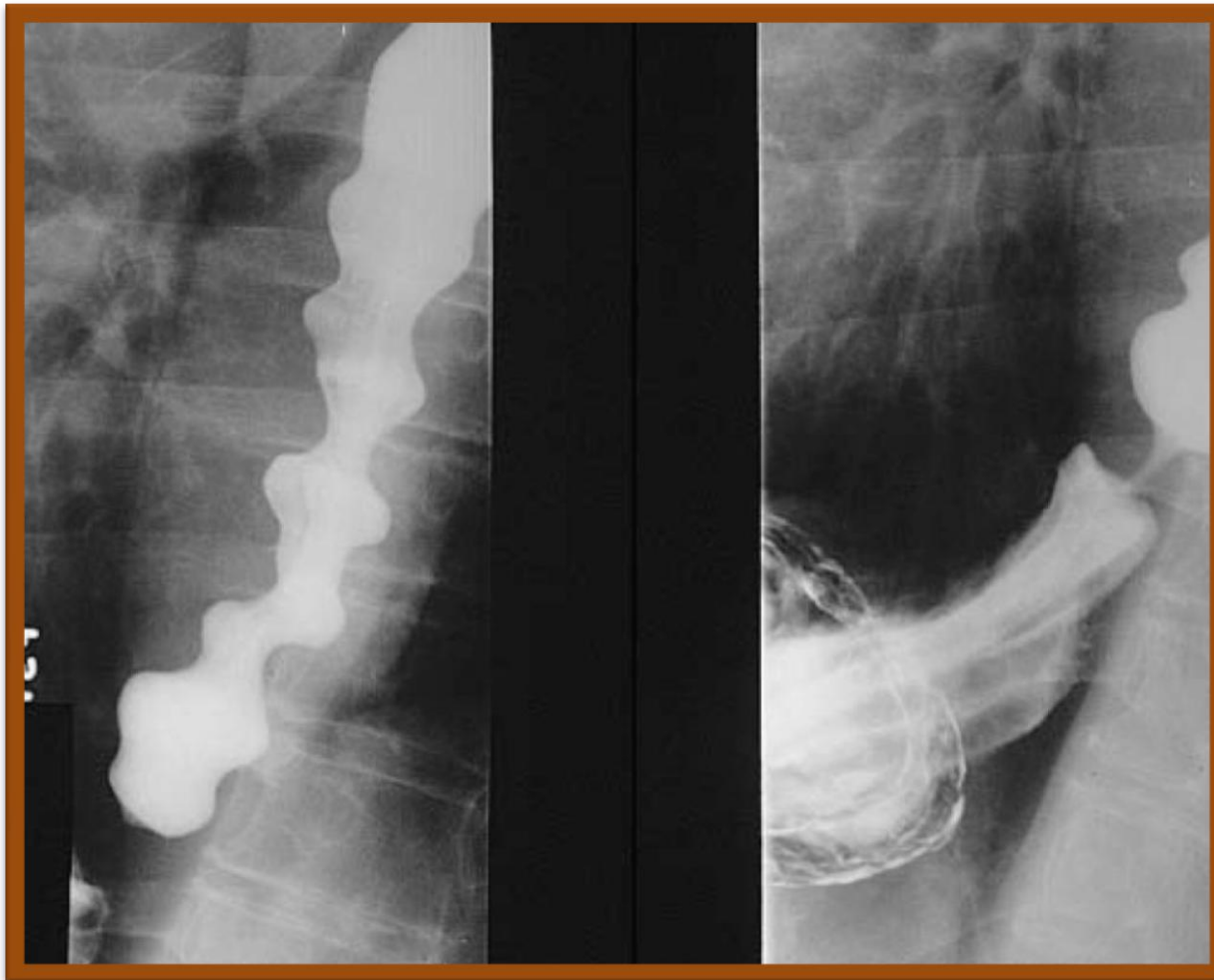


Oesophagus

Diffuse esophageal spasm



Diffuse esophageal spasm



Primary achalasia



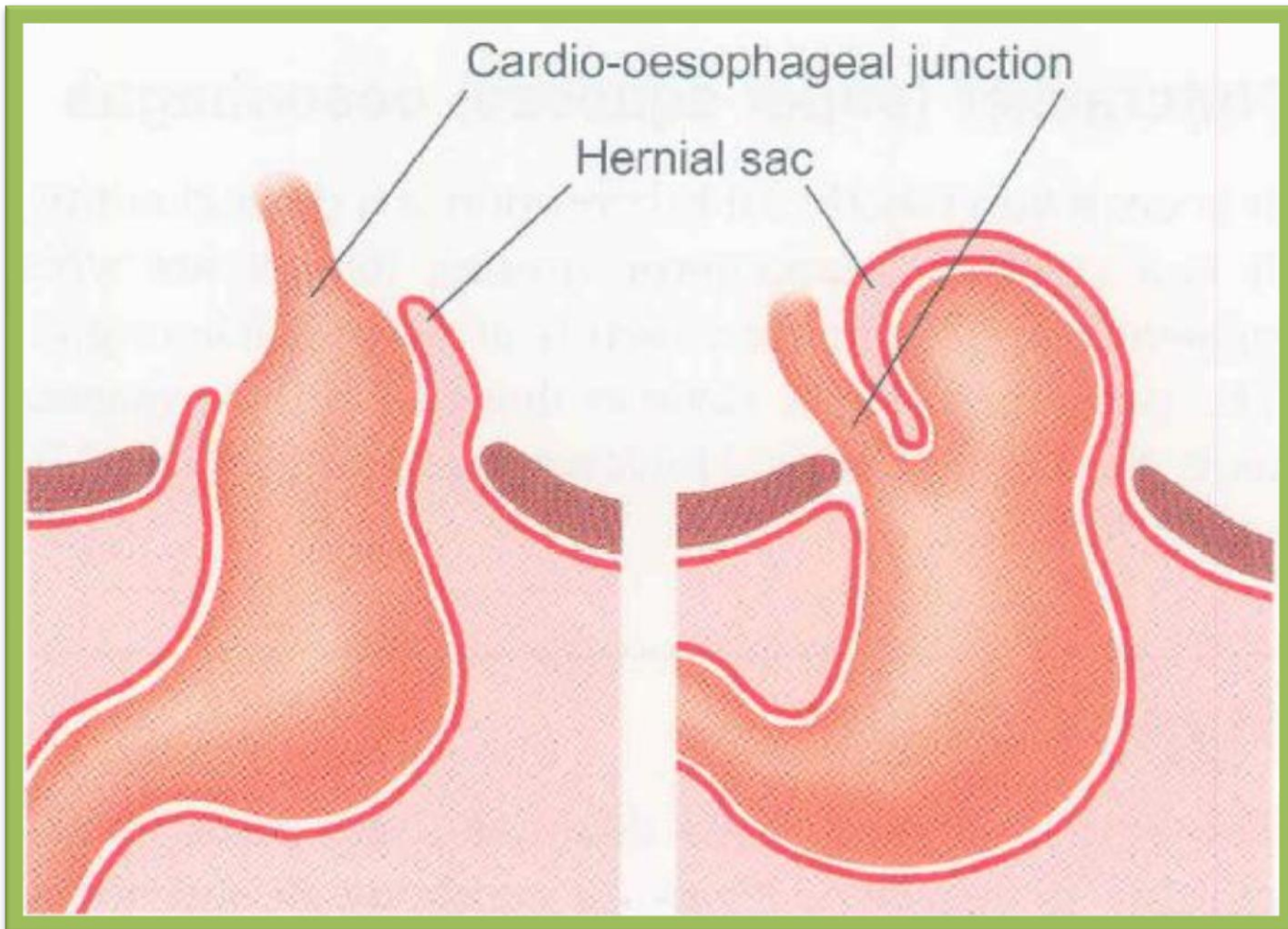
Primary achalasia



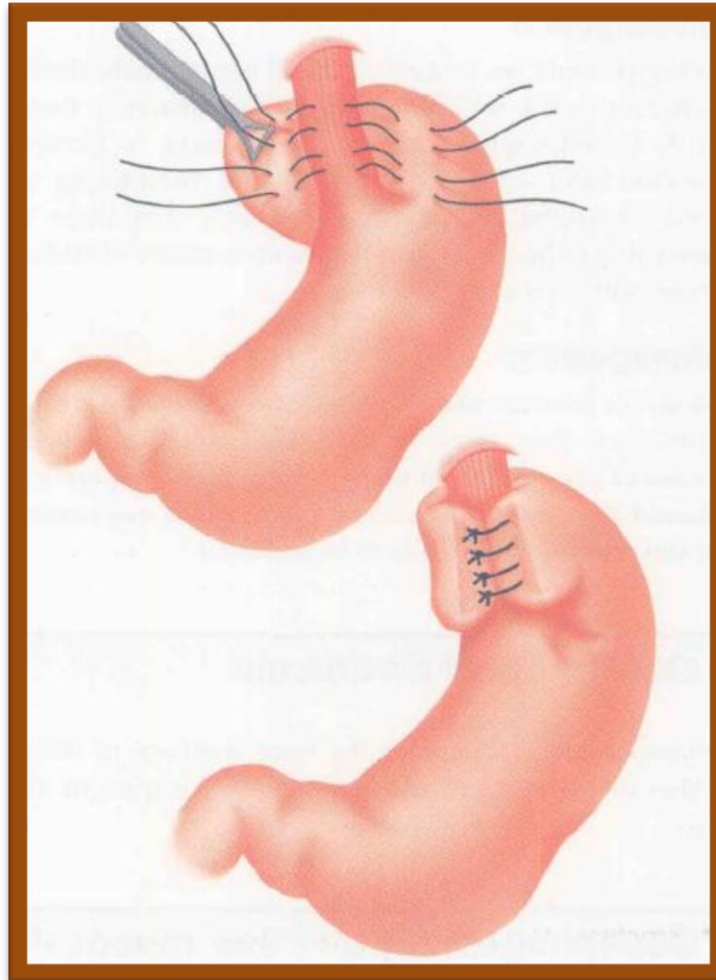
Secondary achalasia



- (a) The esophagogastric anatomy in a sliding hiatus hernia.
(b) The anatomy in a paraesophageal hernia.



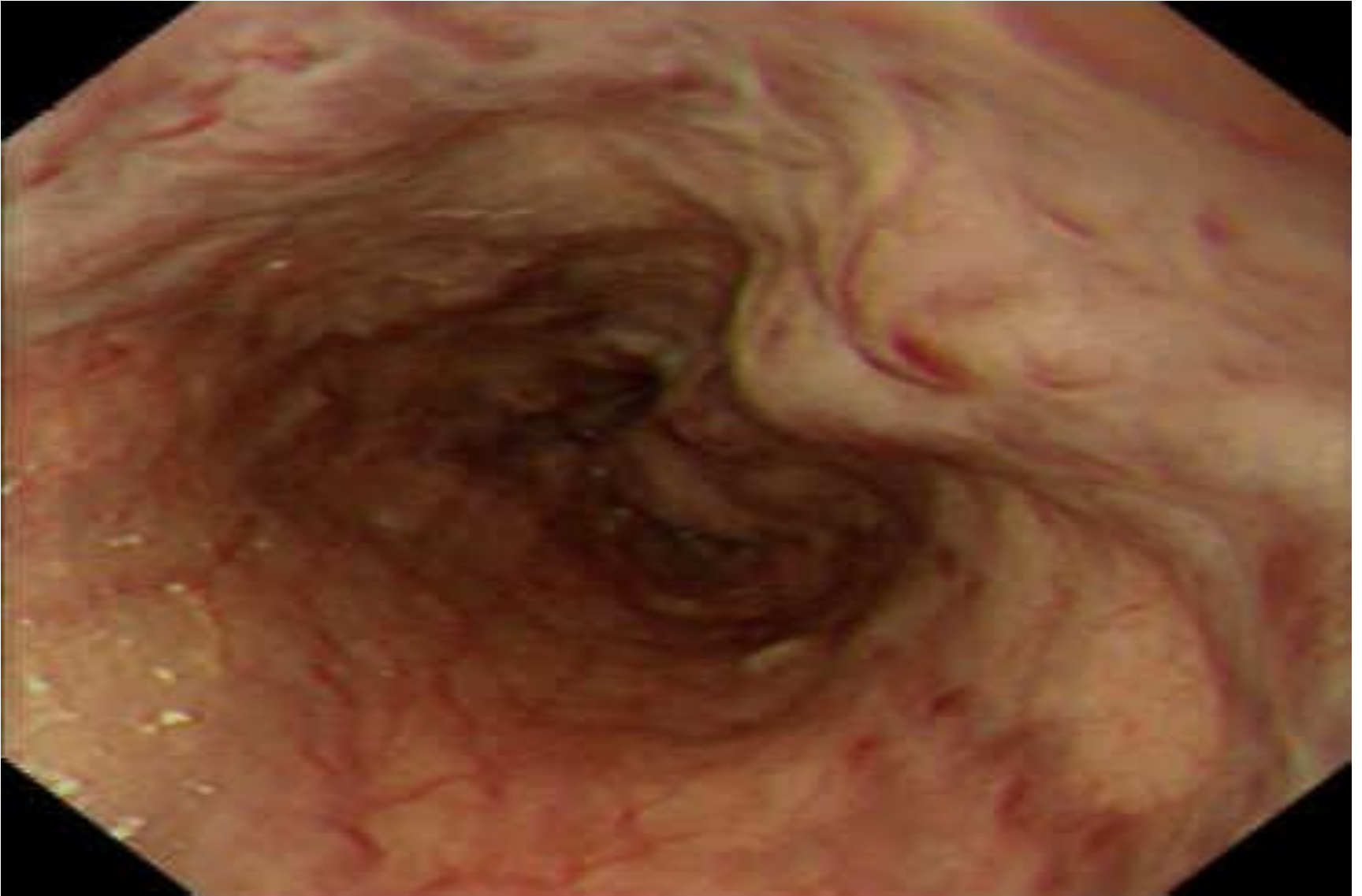
A fundoplication operation
The gastric fundus is wrapped around the abdominal esophagus

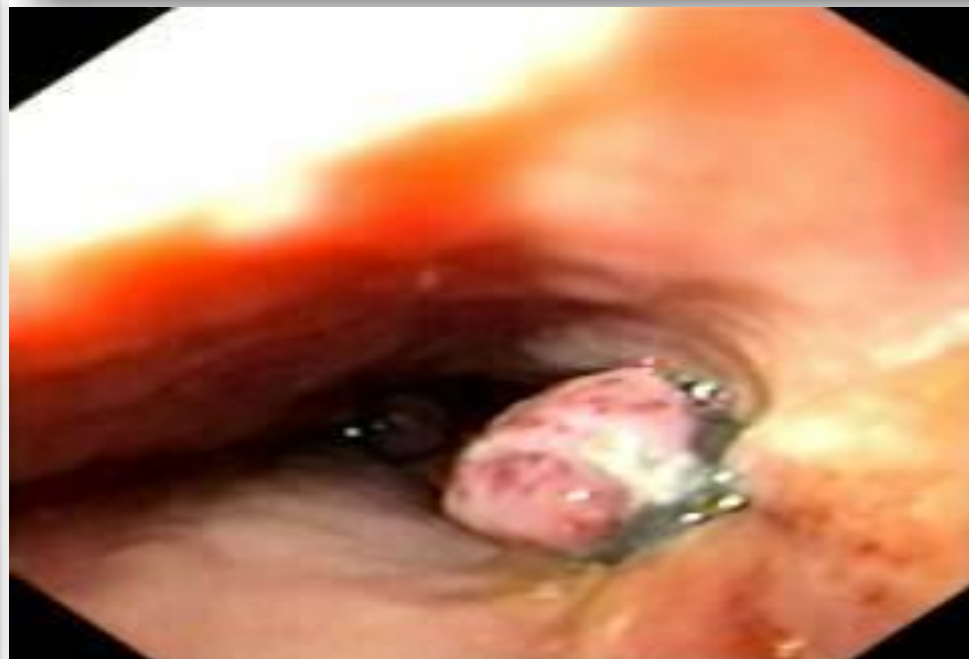
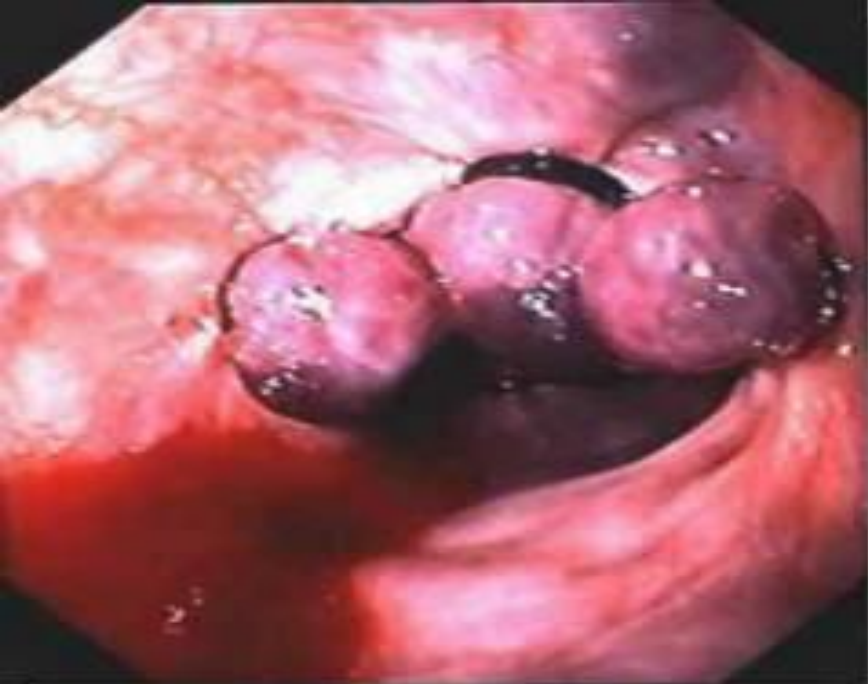
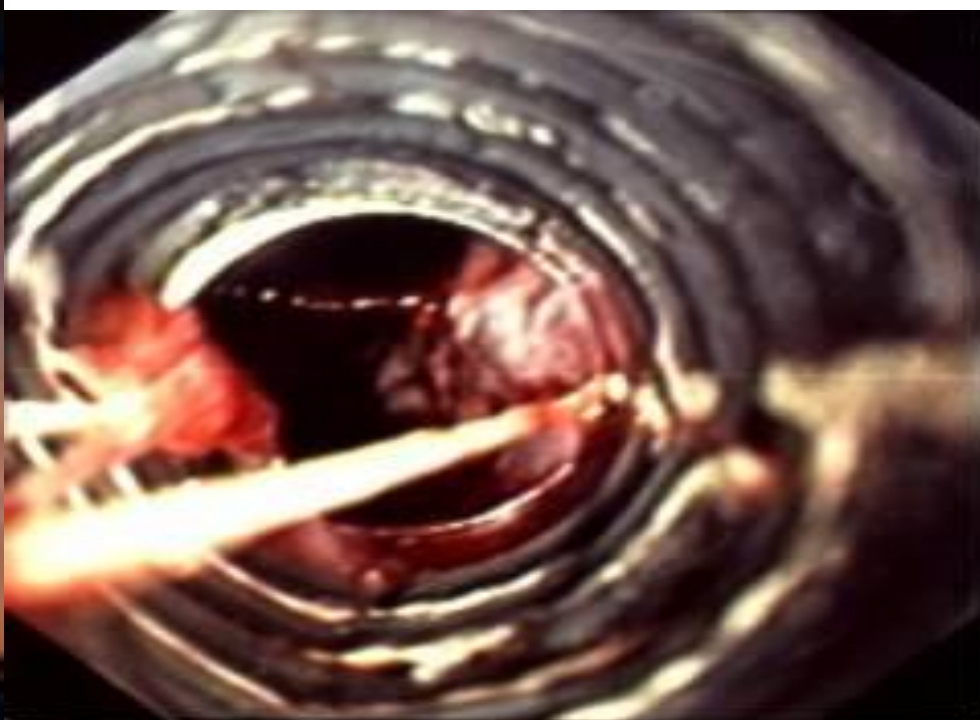
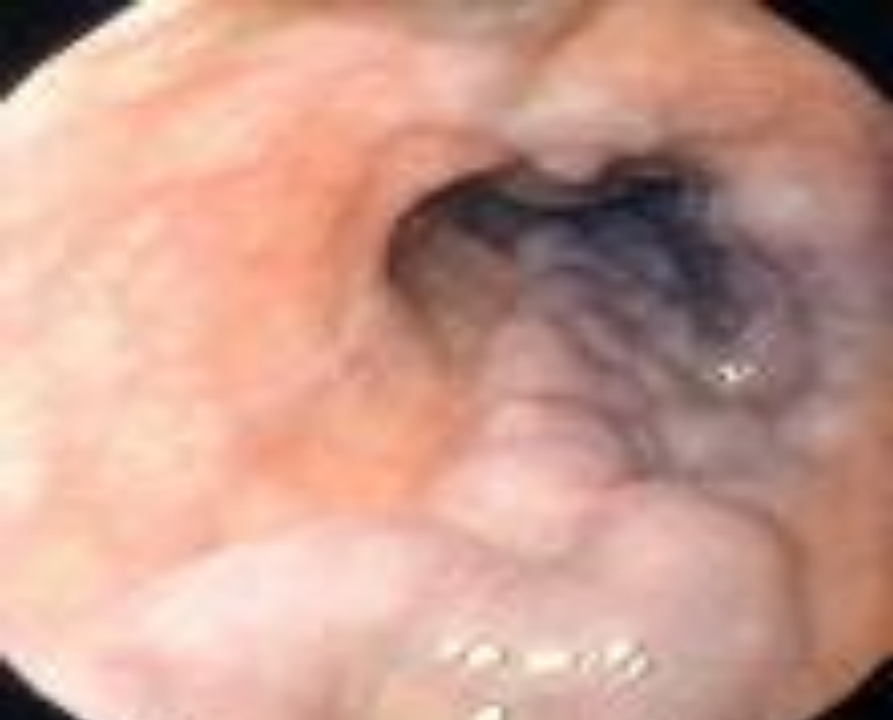


Esophageal Varices



Esophageal Varices





Clinical picture of esophageal diverticula

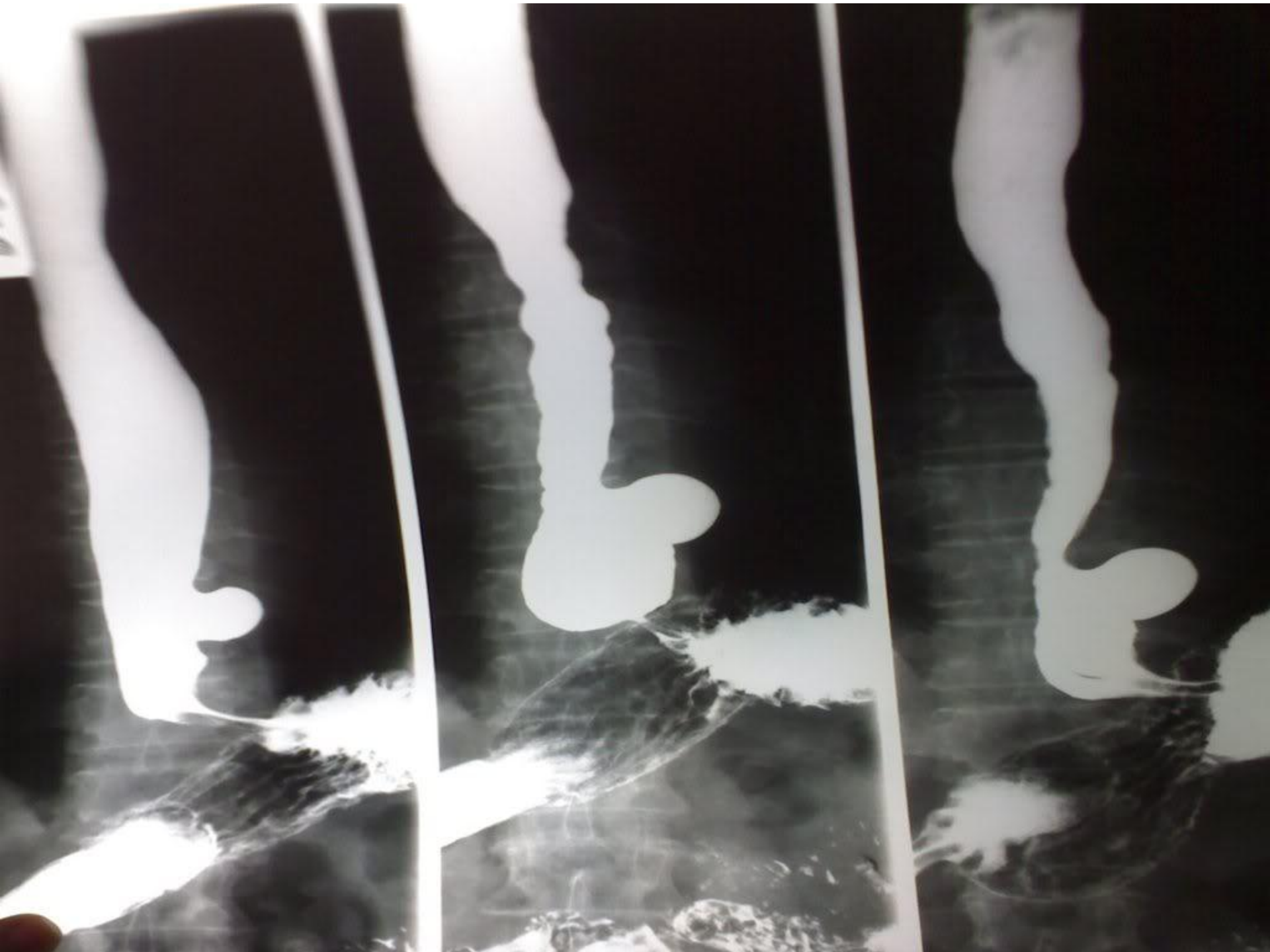
- As food collects in the pockets, it promotes bacteria in the esophagus, which also leads to halitosis (bad breath).
- A patient's voice also might change.

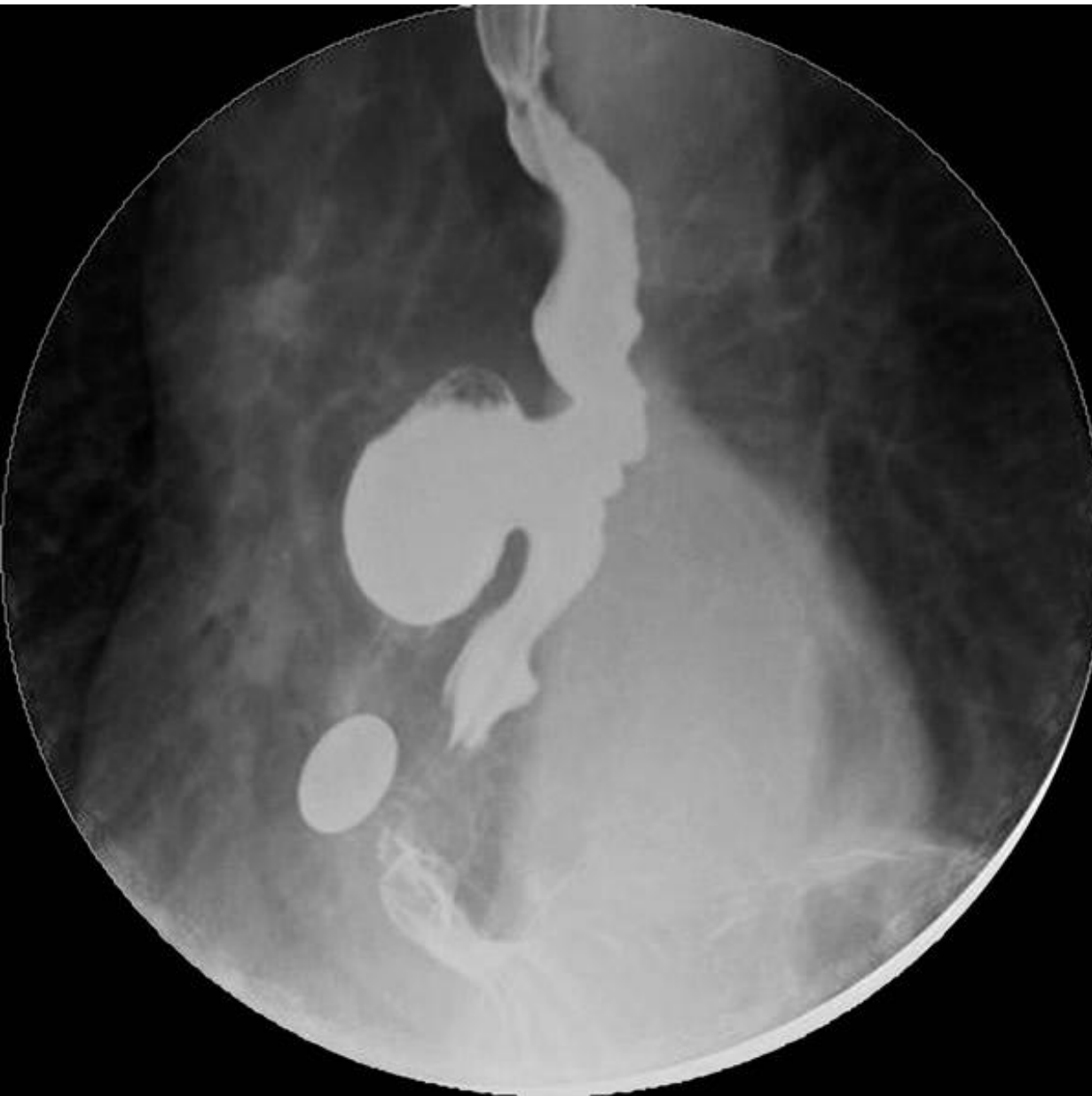
Diagnostic of esophageal diverticula

- Esophagoscopy
- Chest X-ray
- Contrast esophagography

Chest X-ray



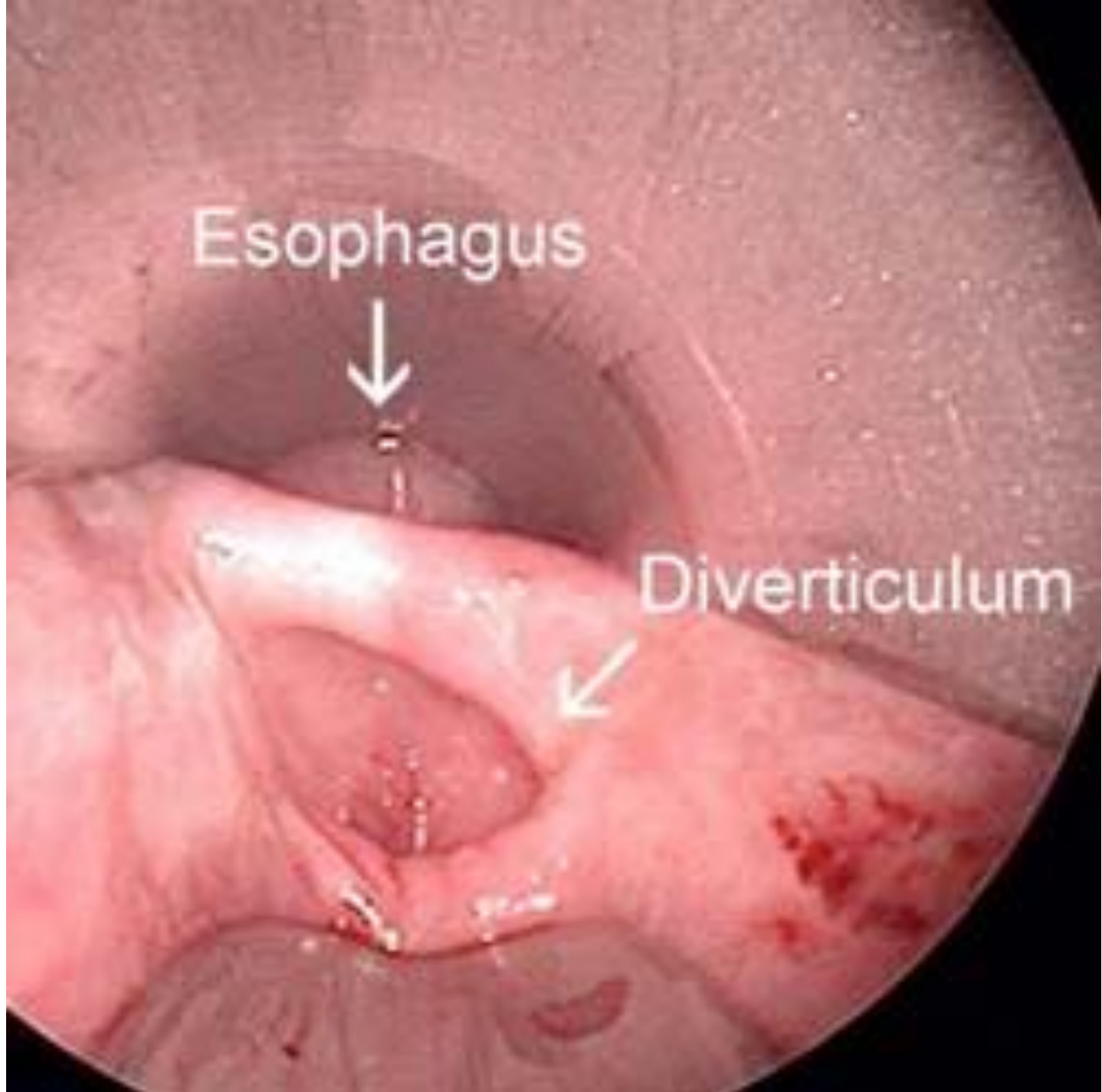


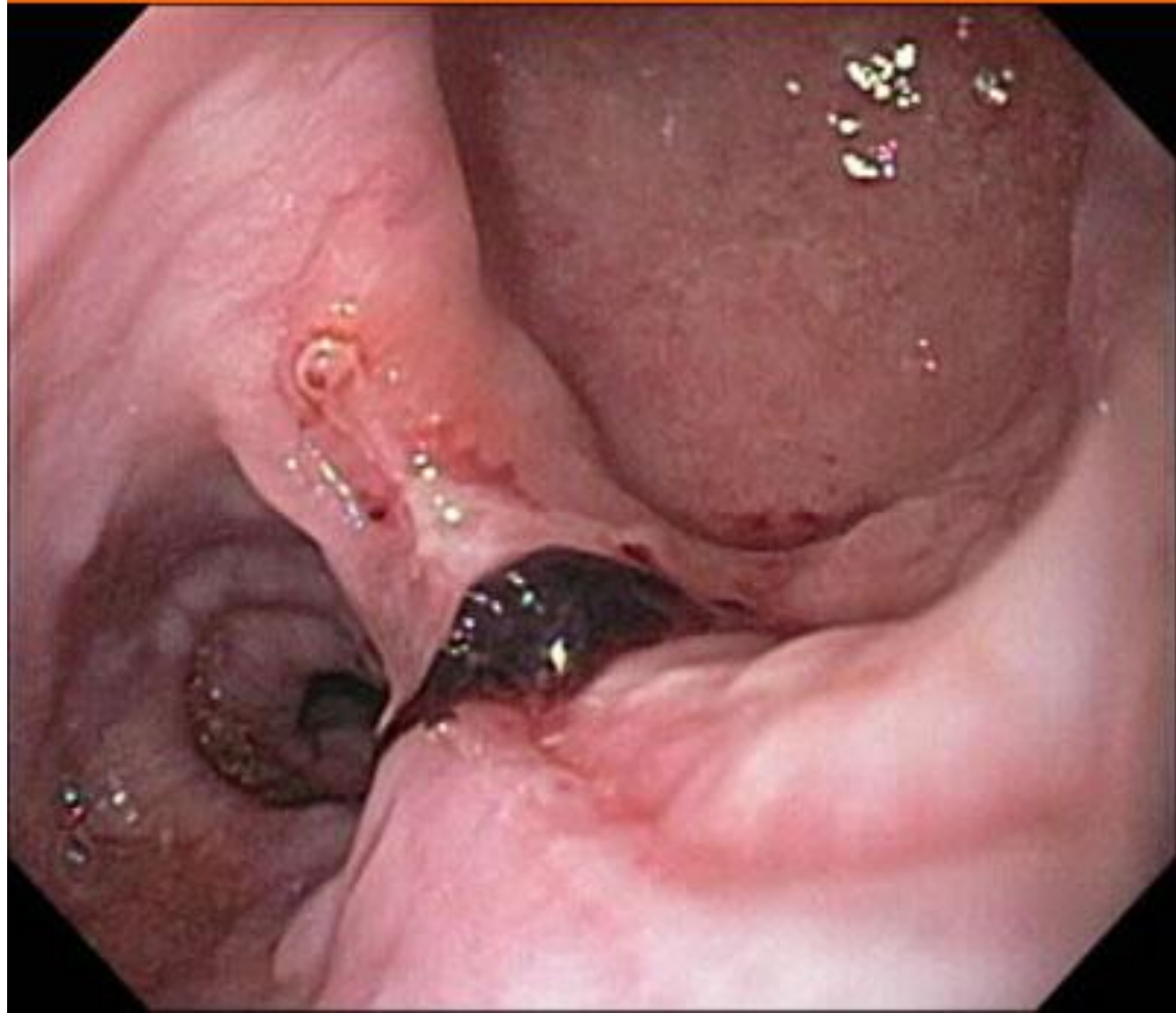


Esophagus



Diverticulum

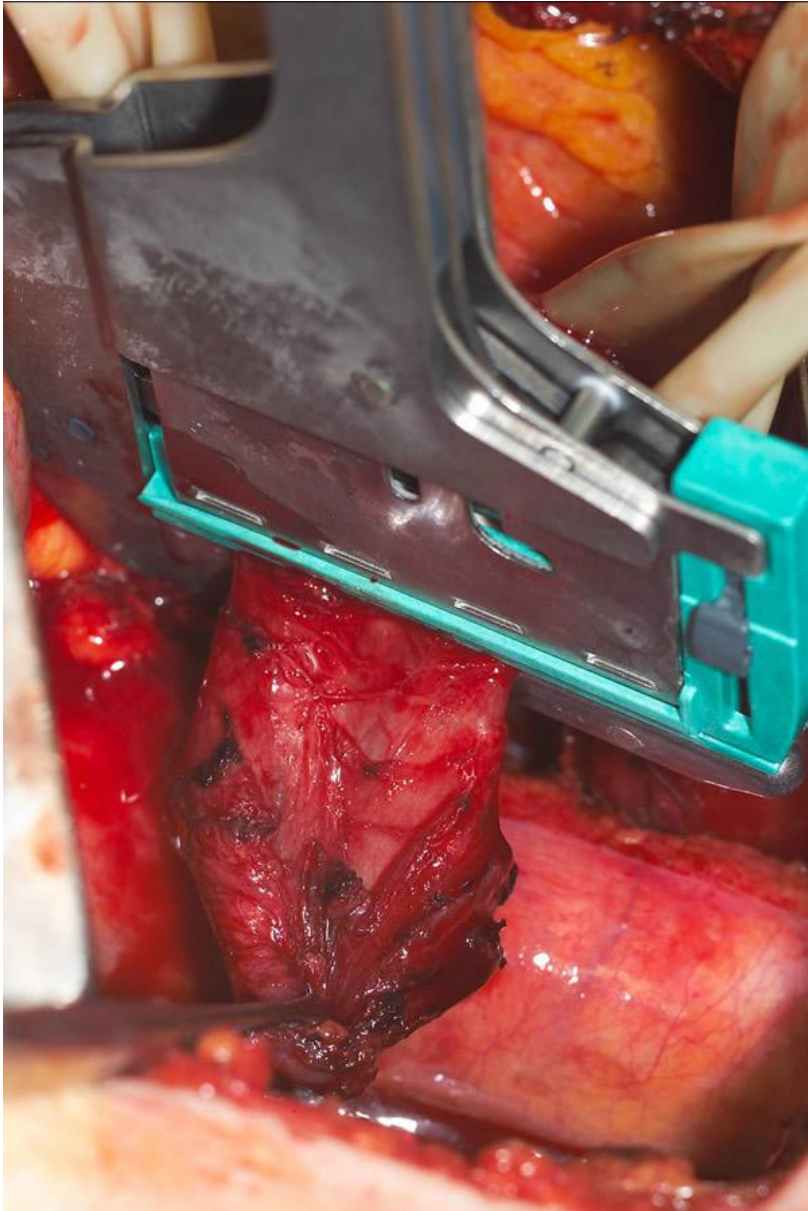




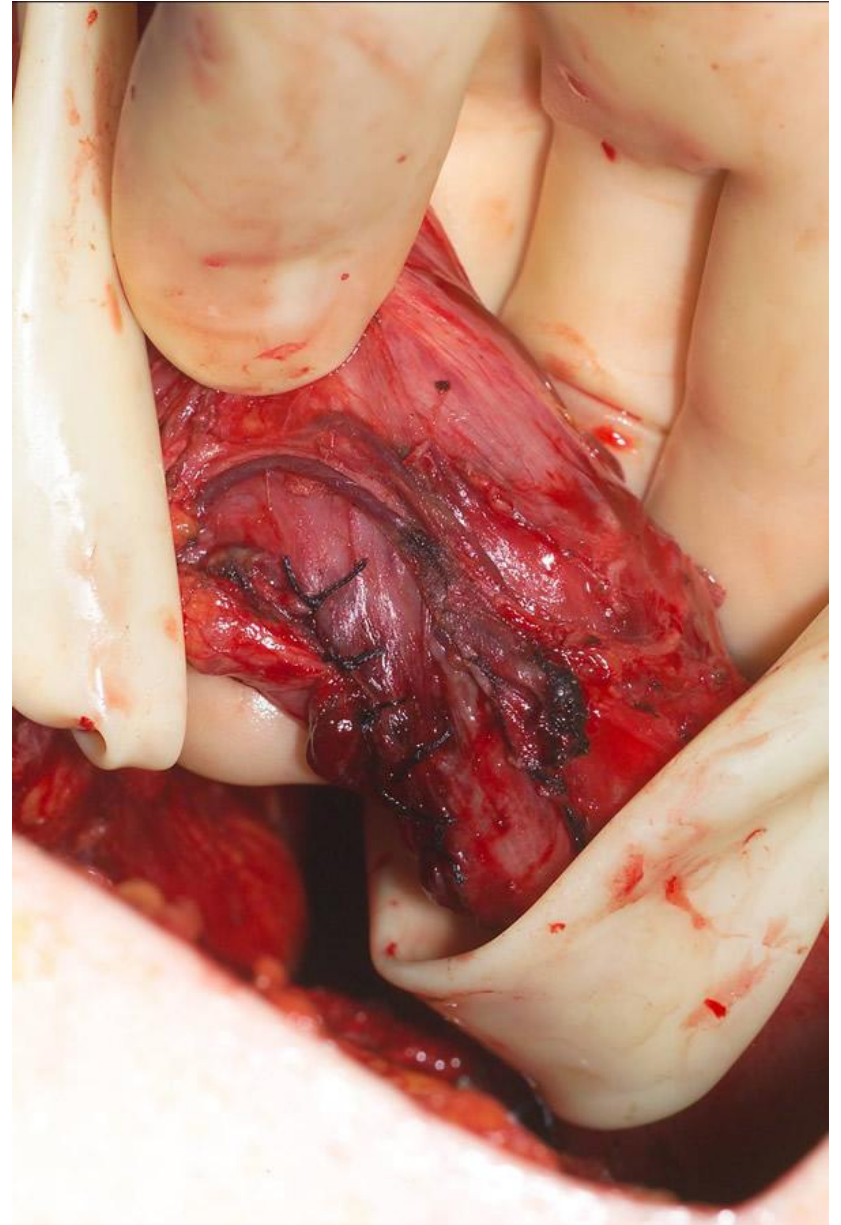
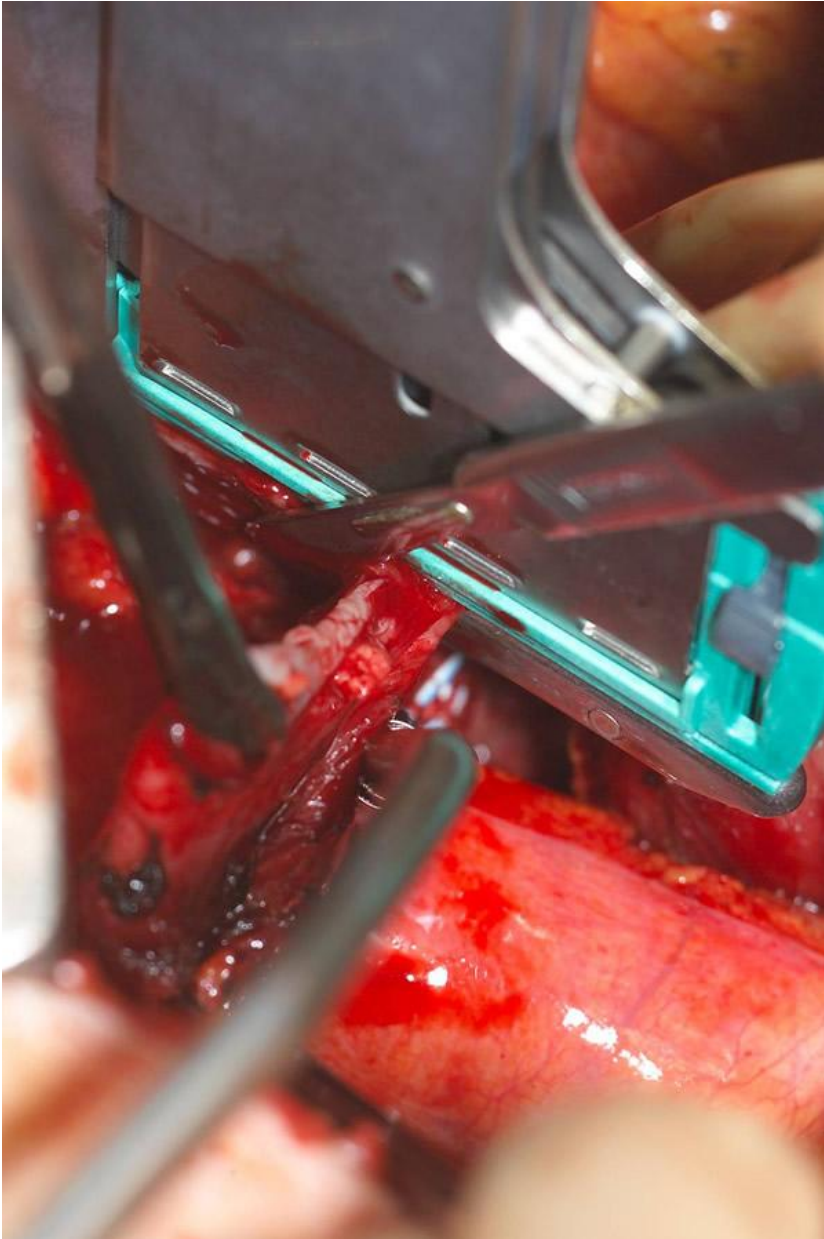
Diverticulectomy



Diverticulectomy



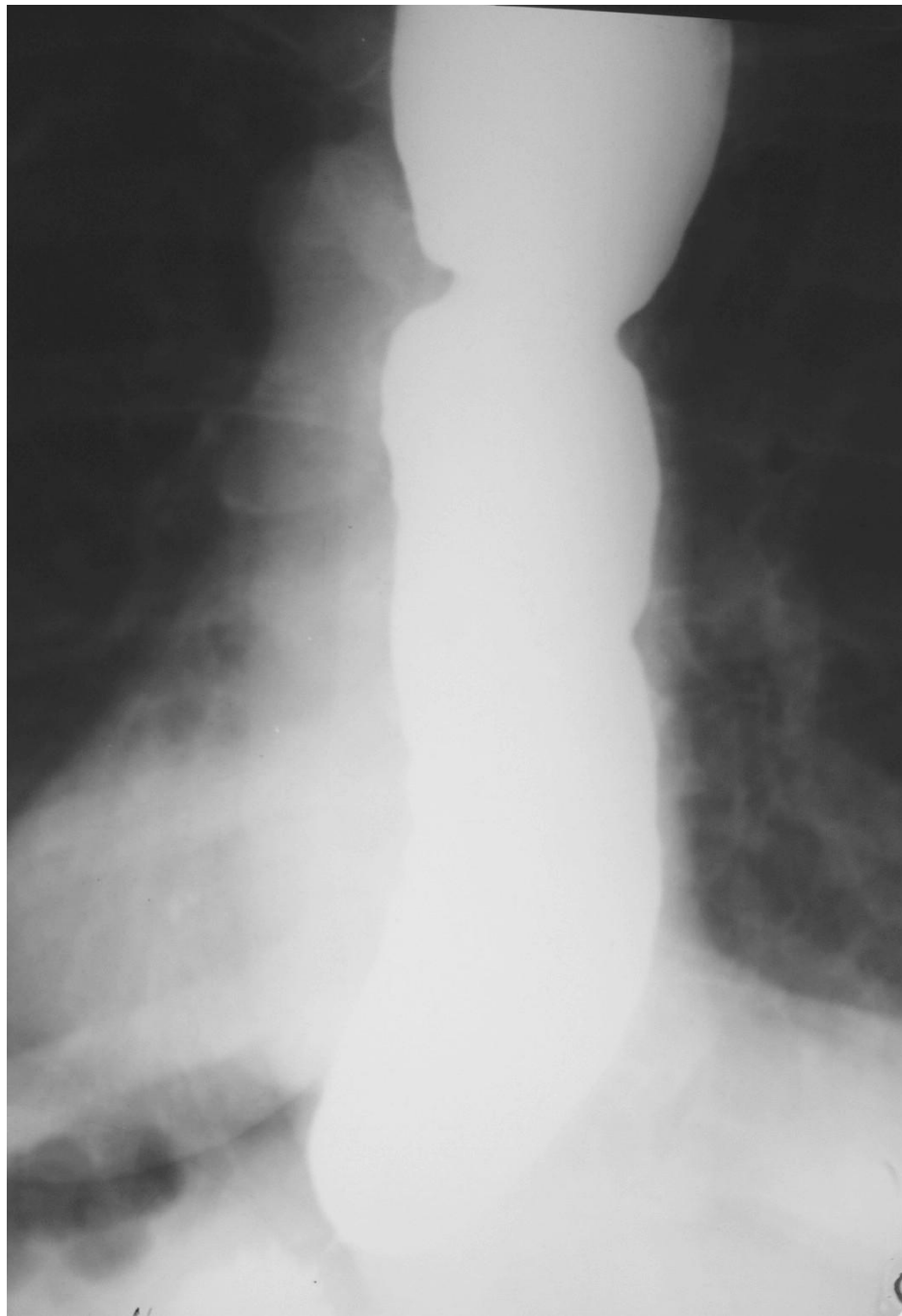
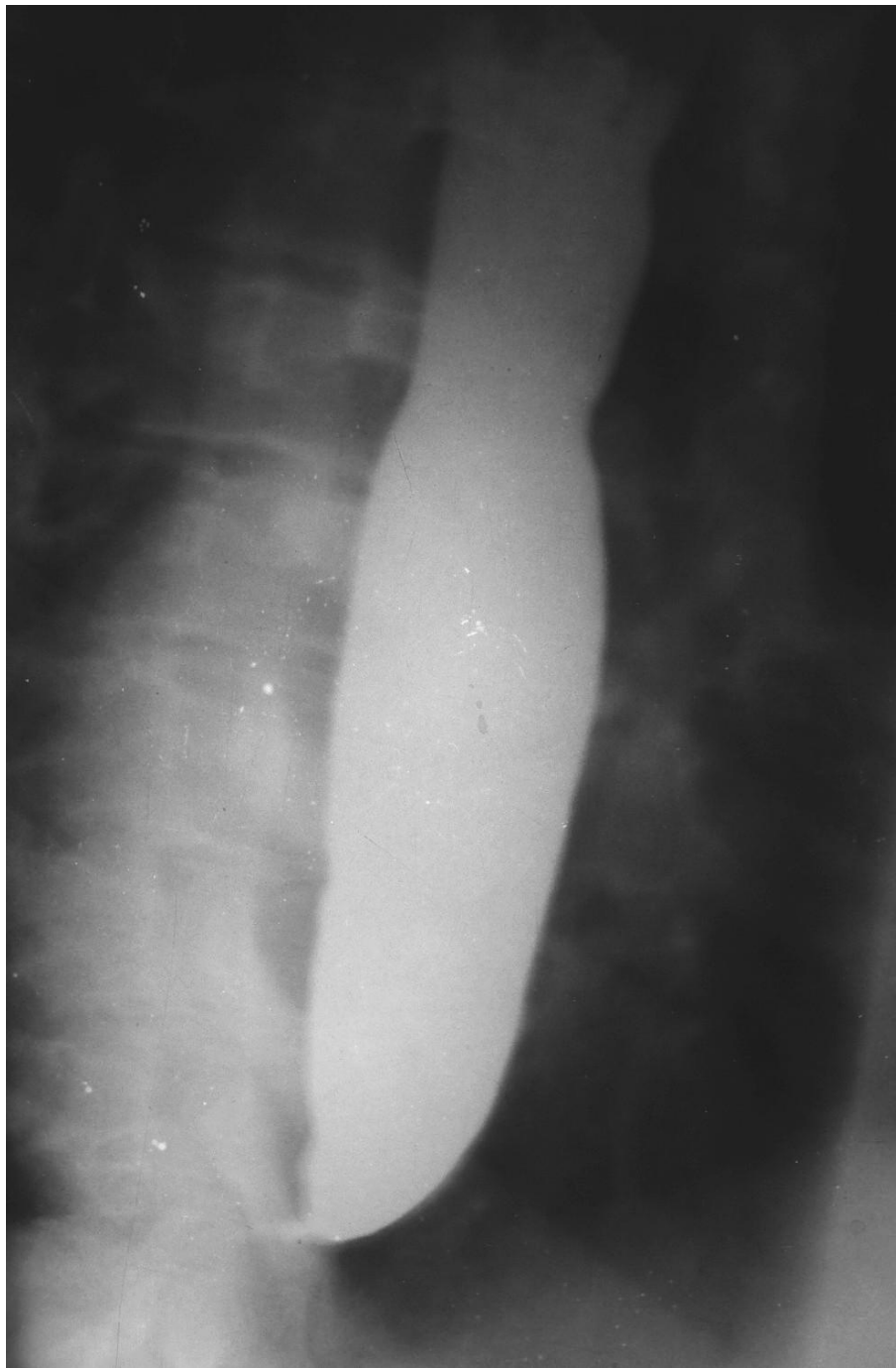
Diverticulectomy

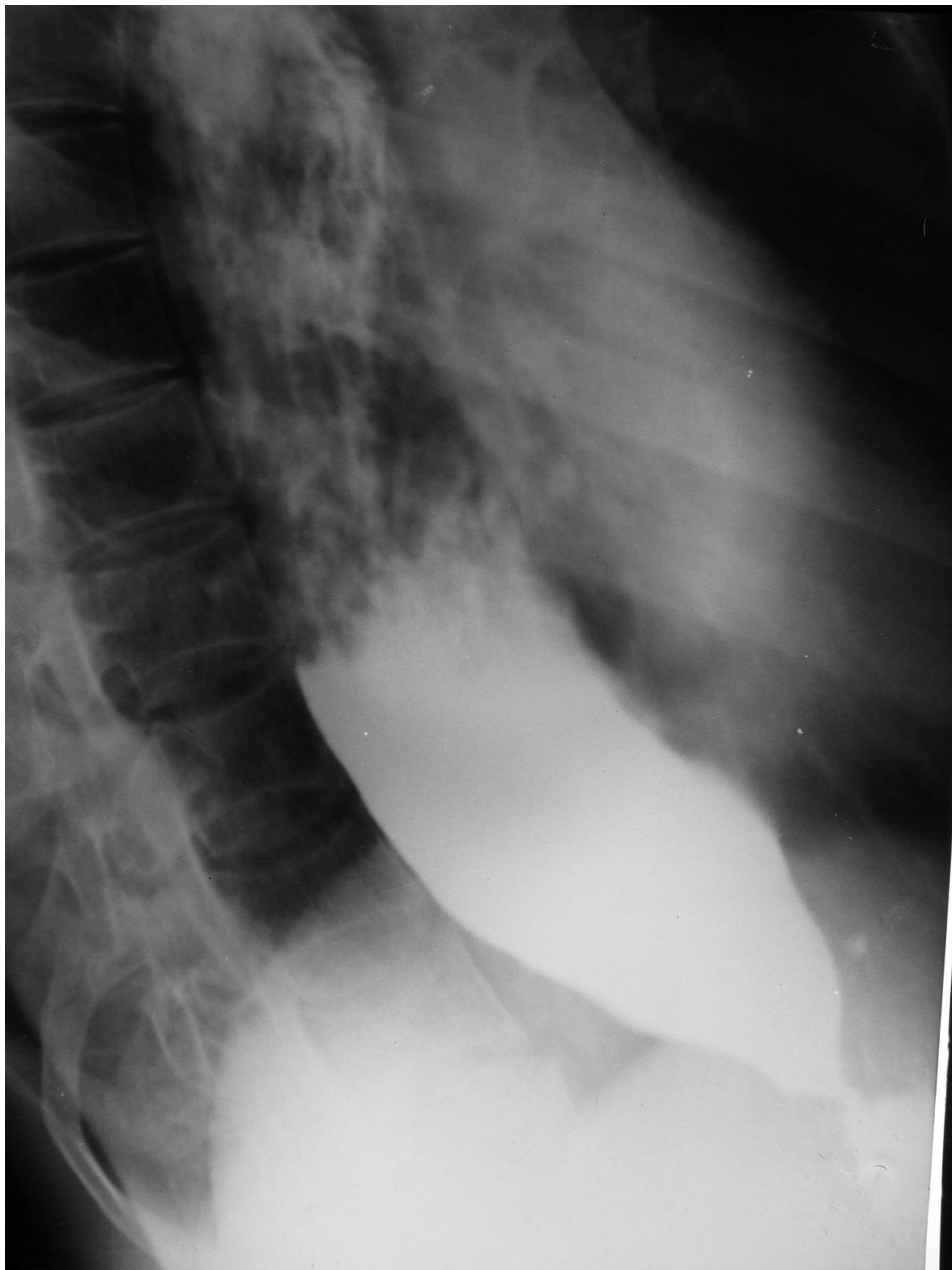
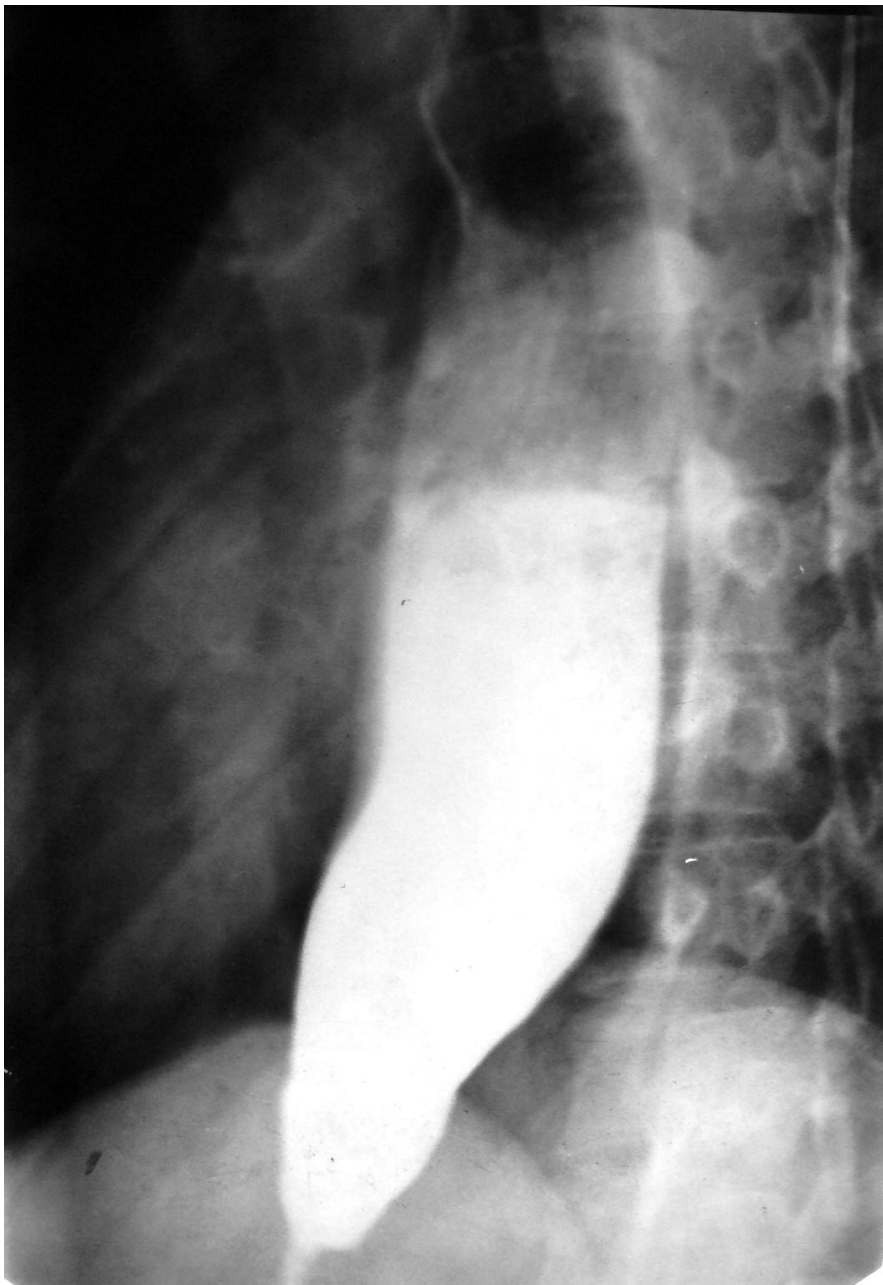


Esophageal achalasia diagnostic

- Contrast esophagography (barium swallowing)
- Fibroesophagoscopy
- Manometry
- Biopsy







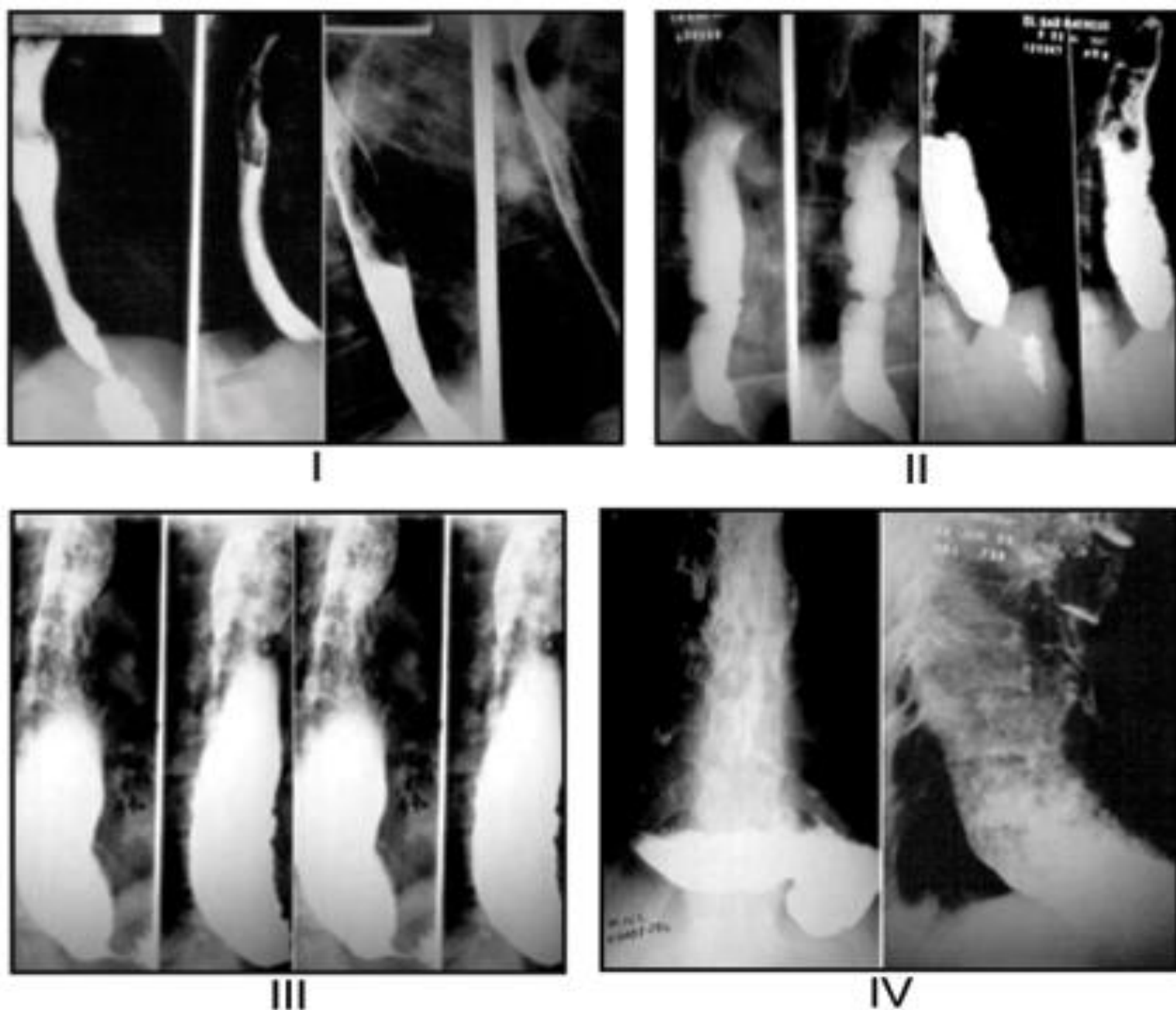
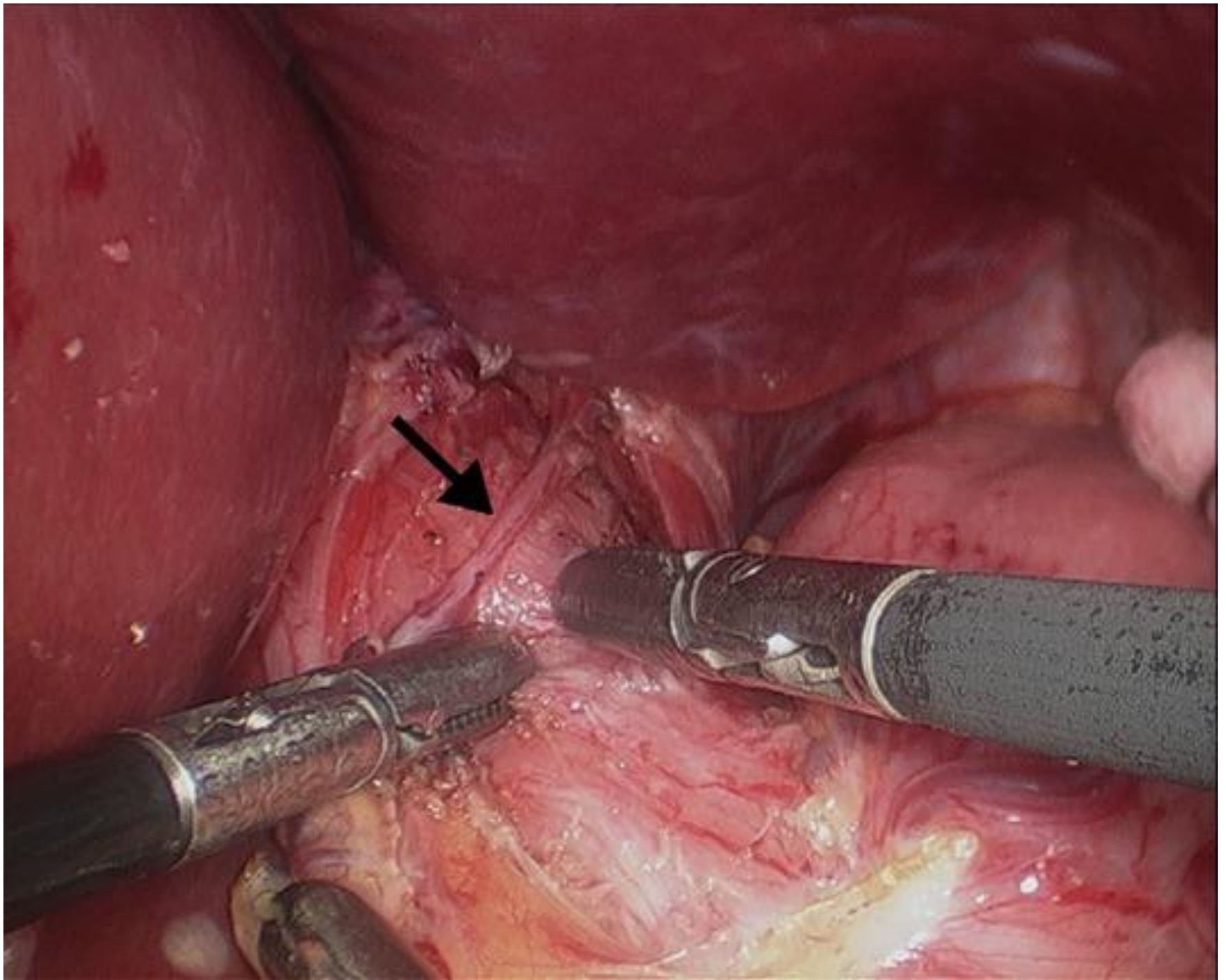


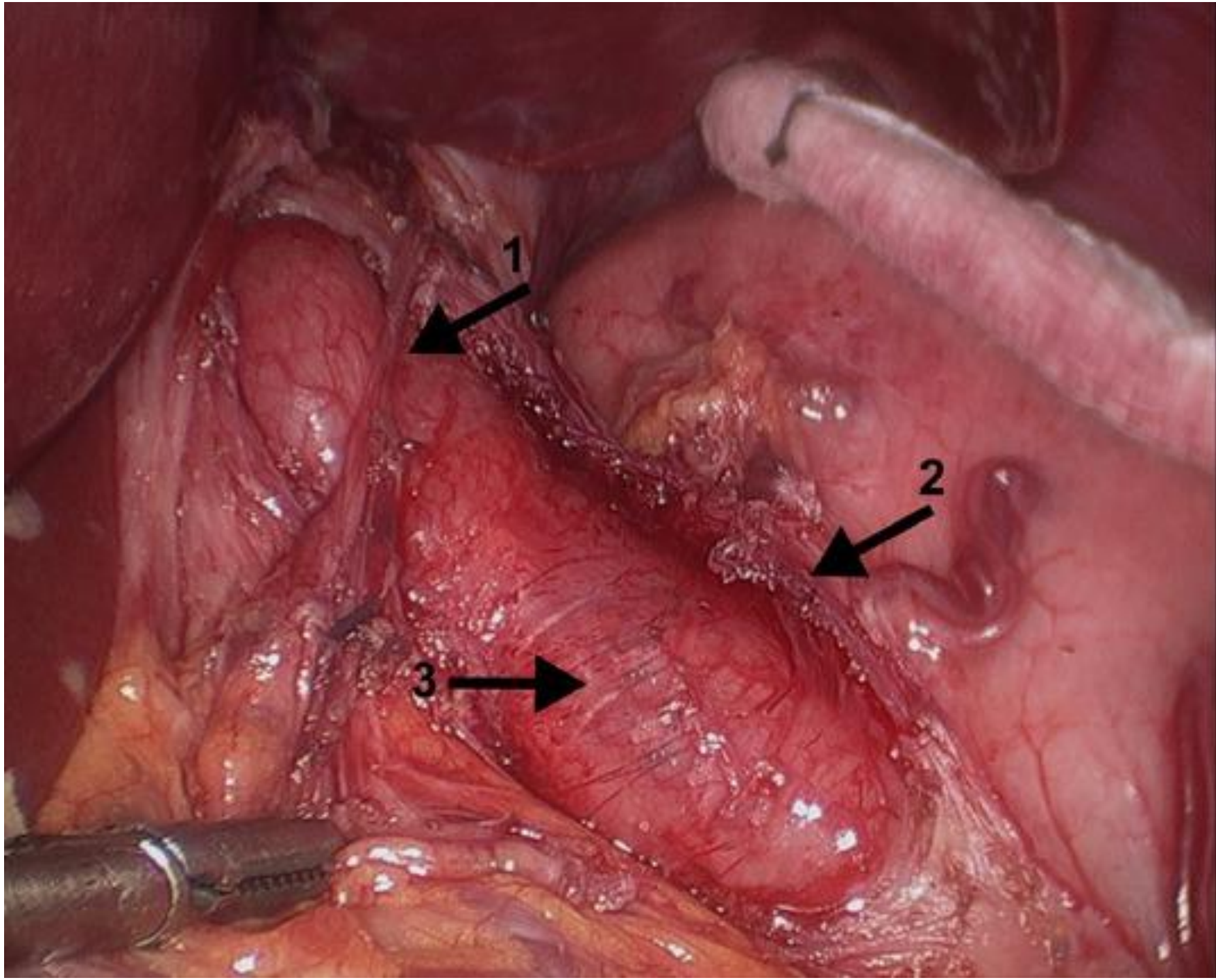
FIGURE 1 - Radiologic classification of achalasia in four groups according to the grade of dilatation motor alterations of the esophagus (Rezende et. al.⁽⁵⁴⁾)

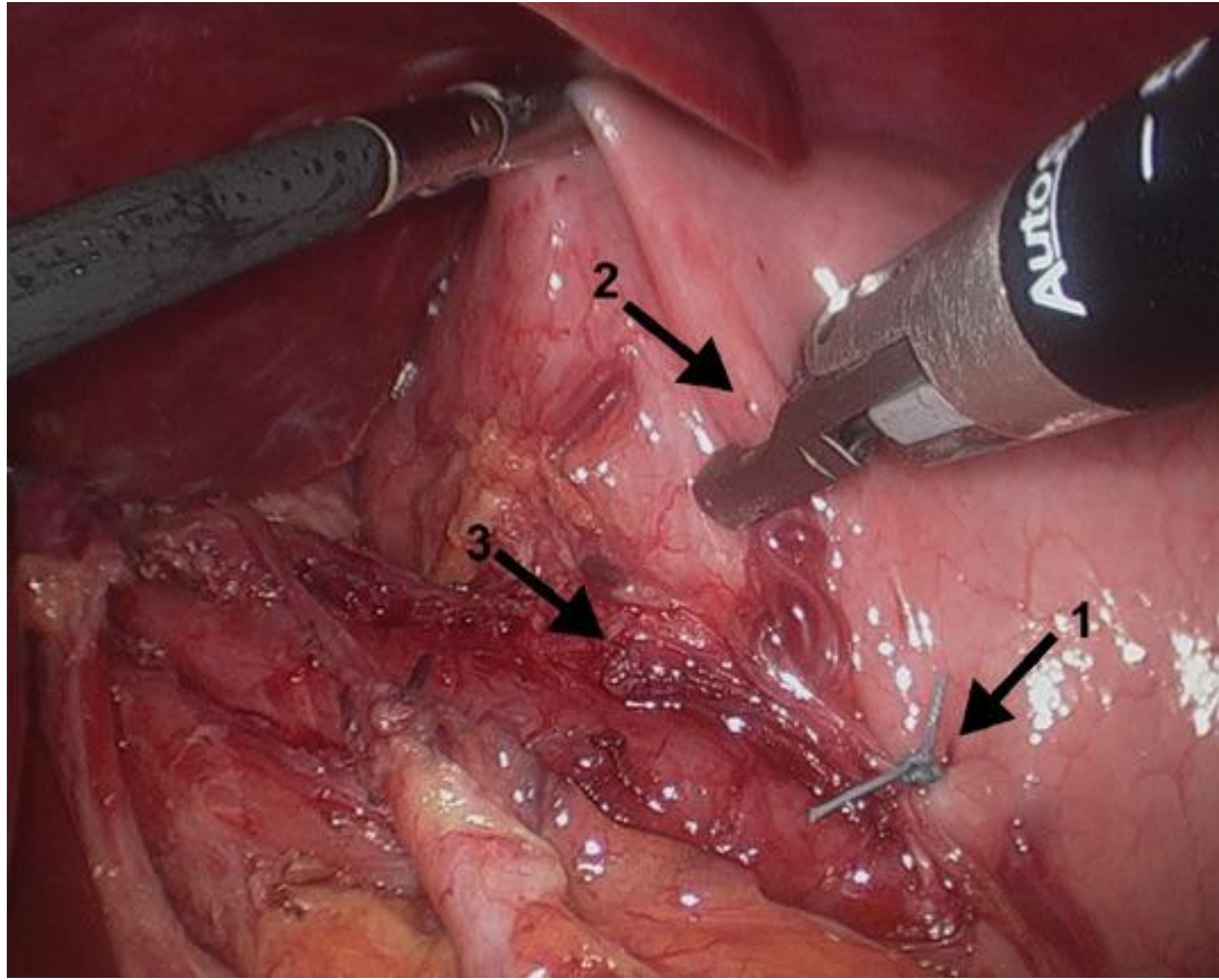


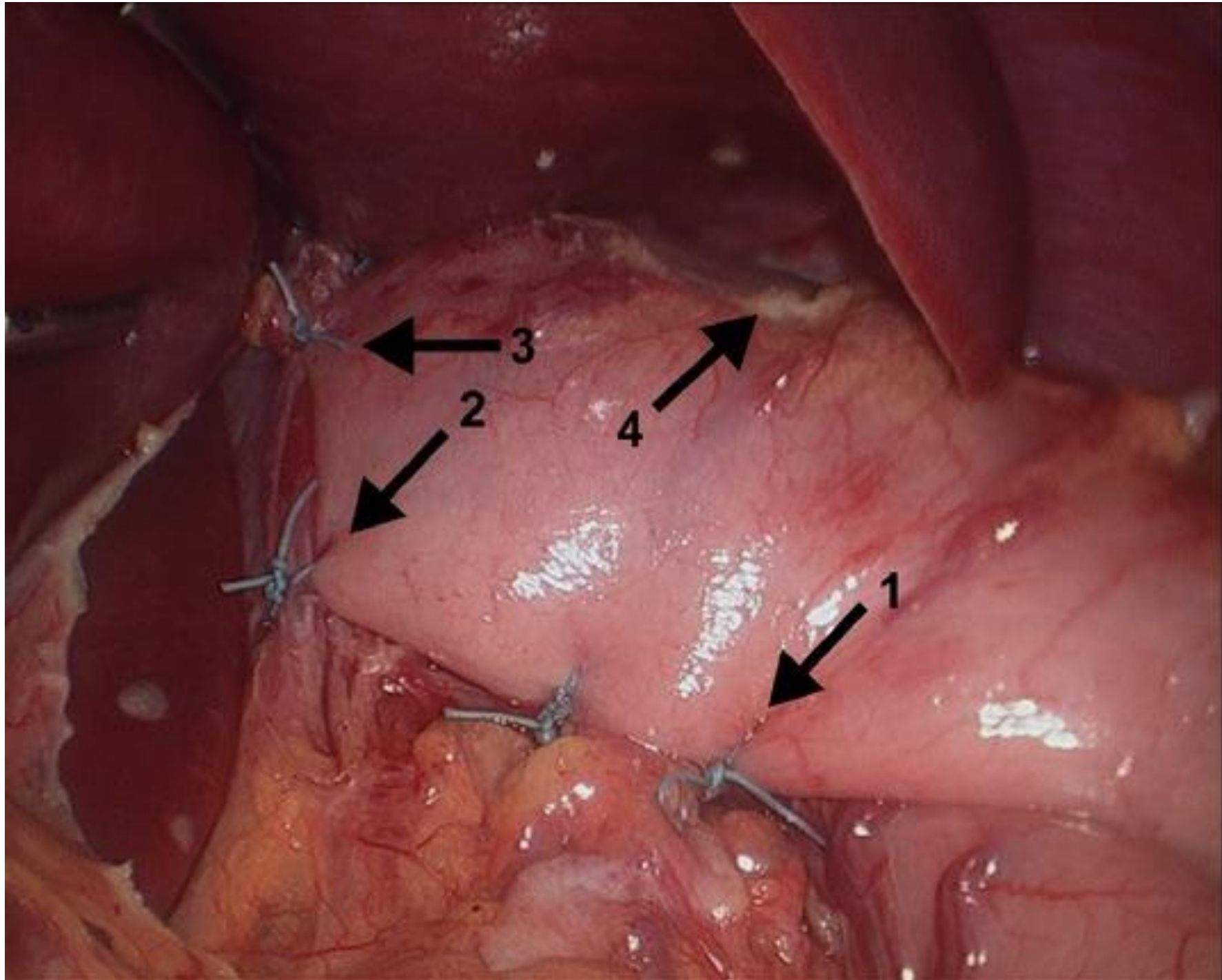
Achalasia treatment

- In 1 and 2 stage – conservative treatment with spasmolitics or its combination with submucose botex injection
- In 1, 2 and 3 stage baloon dilatation is appropriable
- In 3 and 4 stage – just only myotomy by Heller or Petrovskiy could be provided



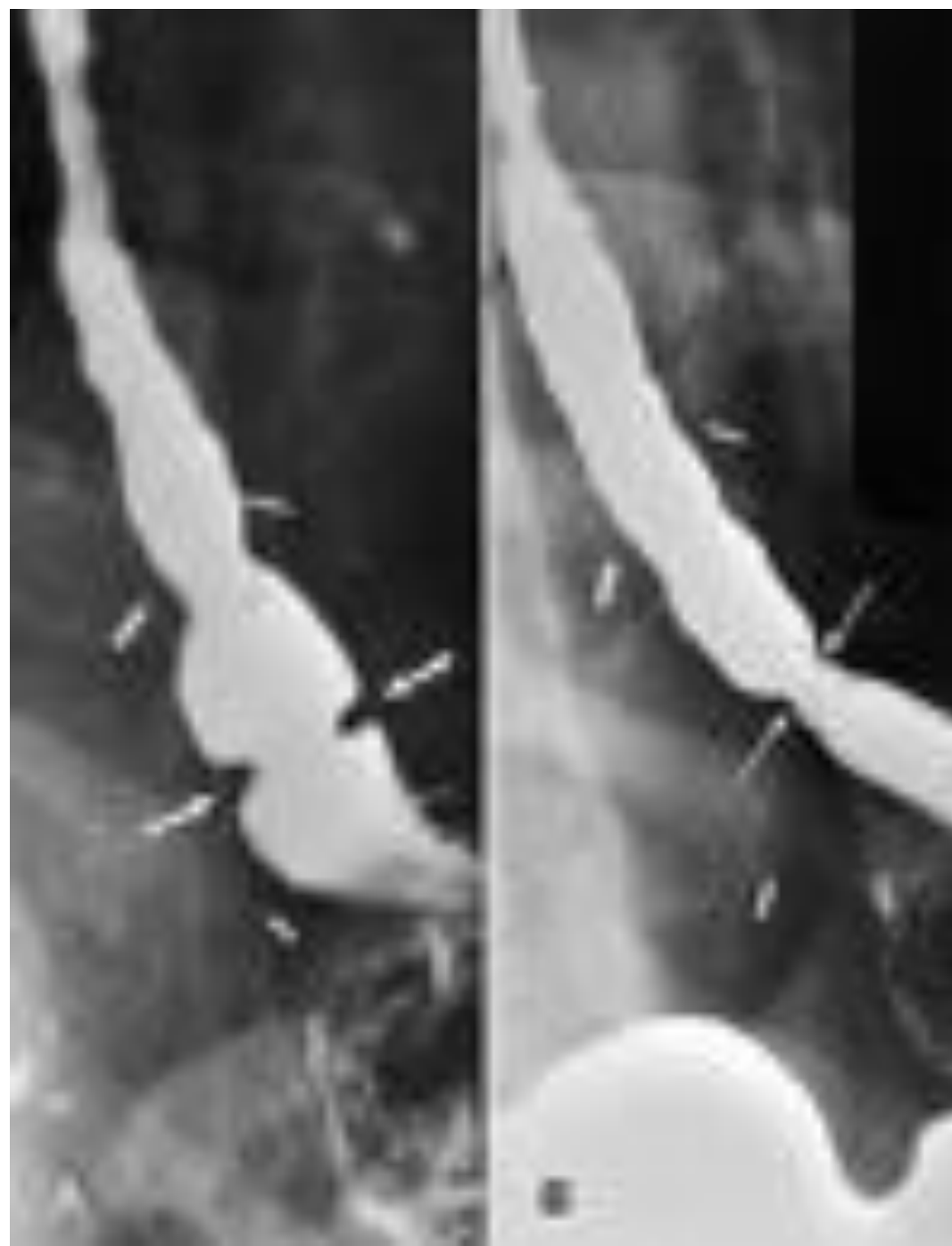




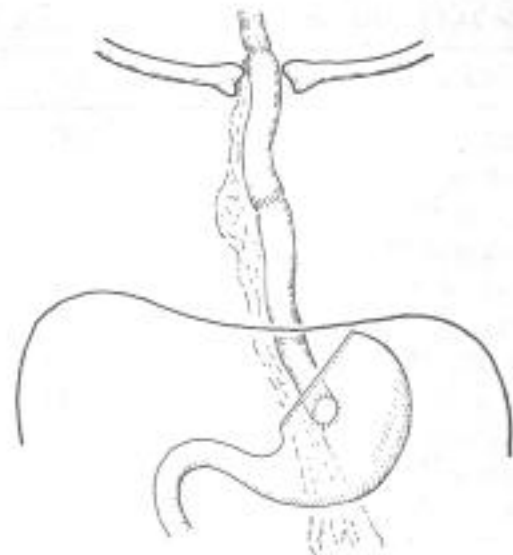
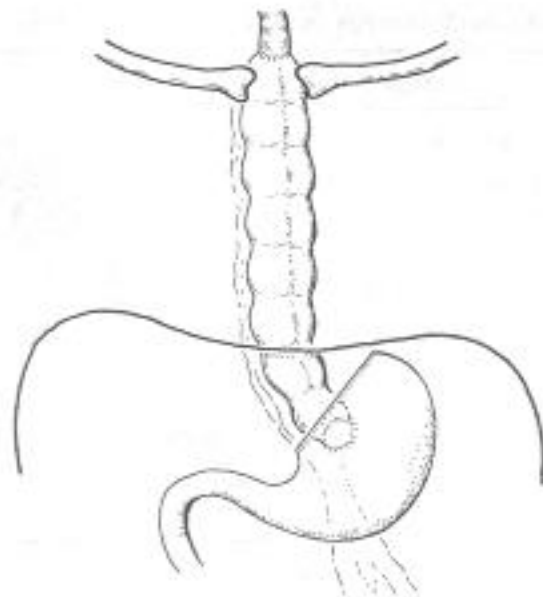
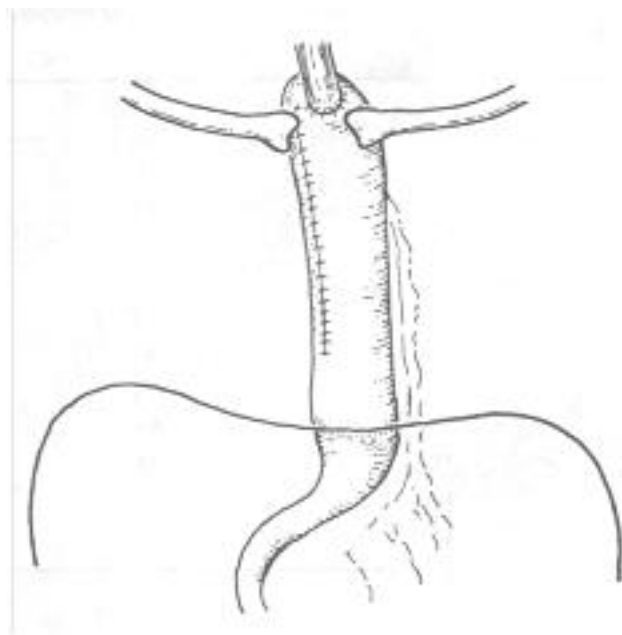


Esophageal stricture diagnostic

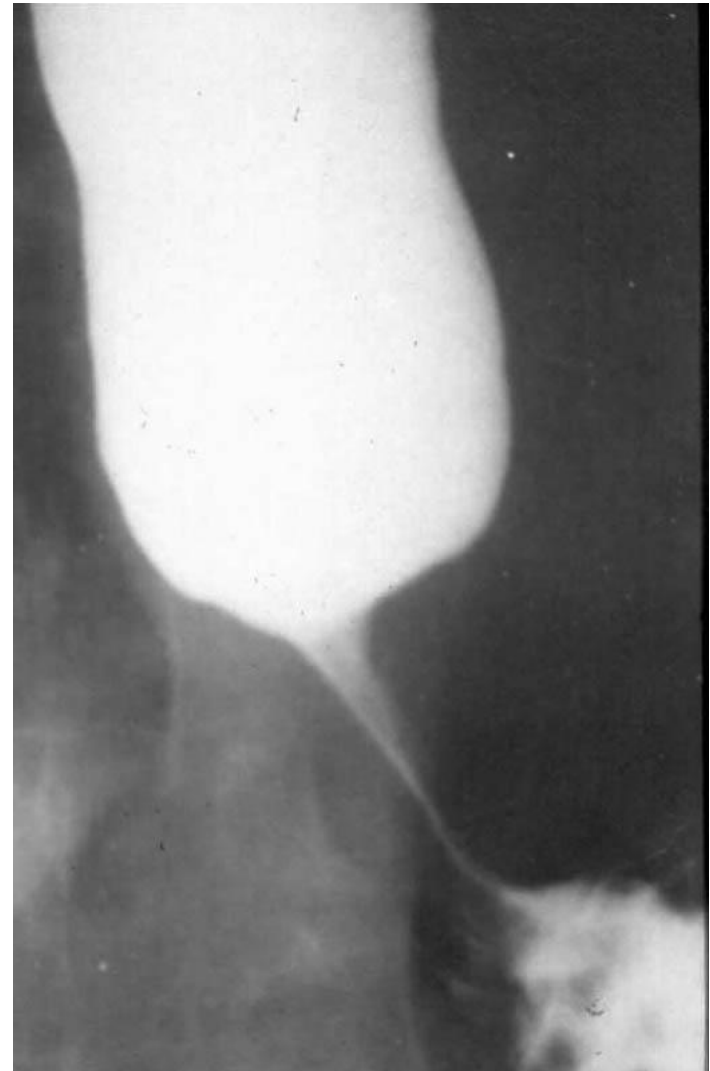
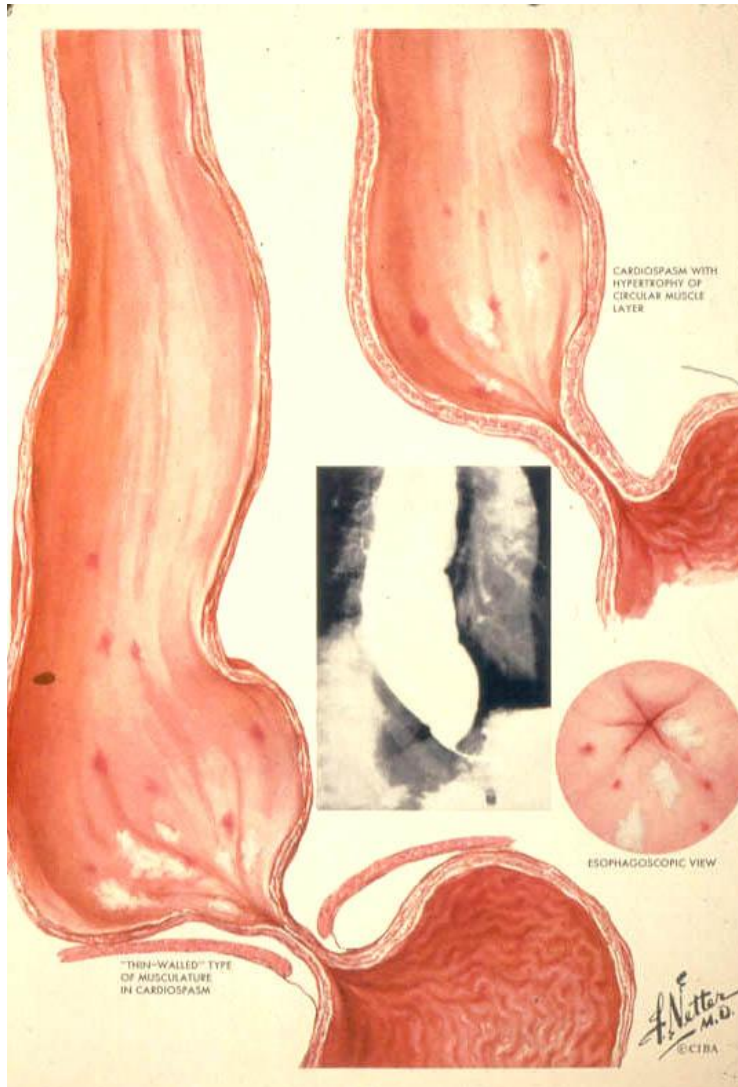
- Contrast esophagography (barium swallowing)
- Fibroesophagoscopy
- Biopsy



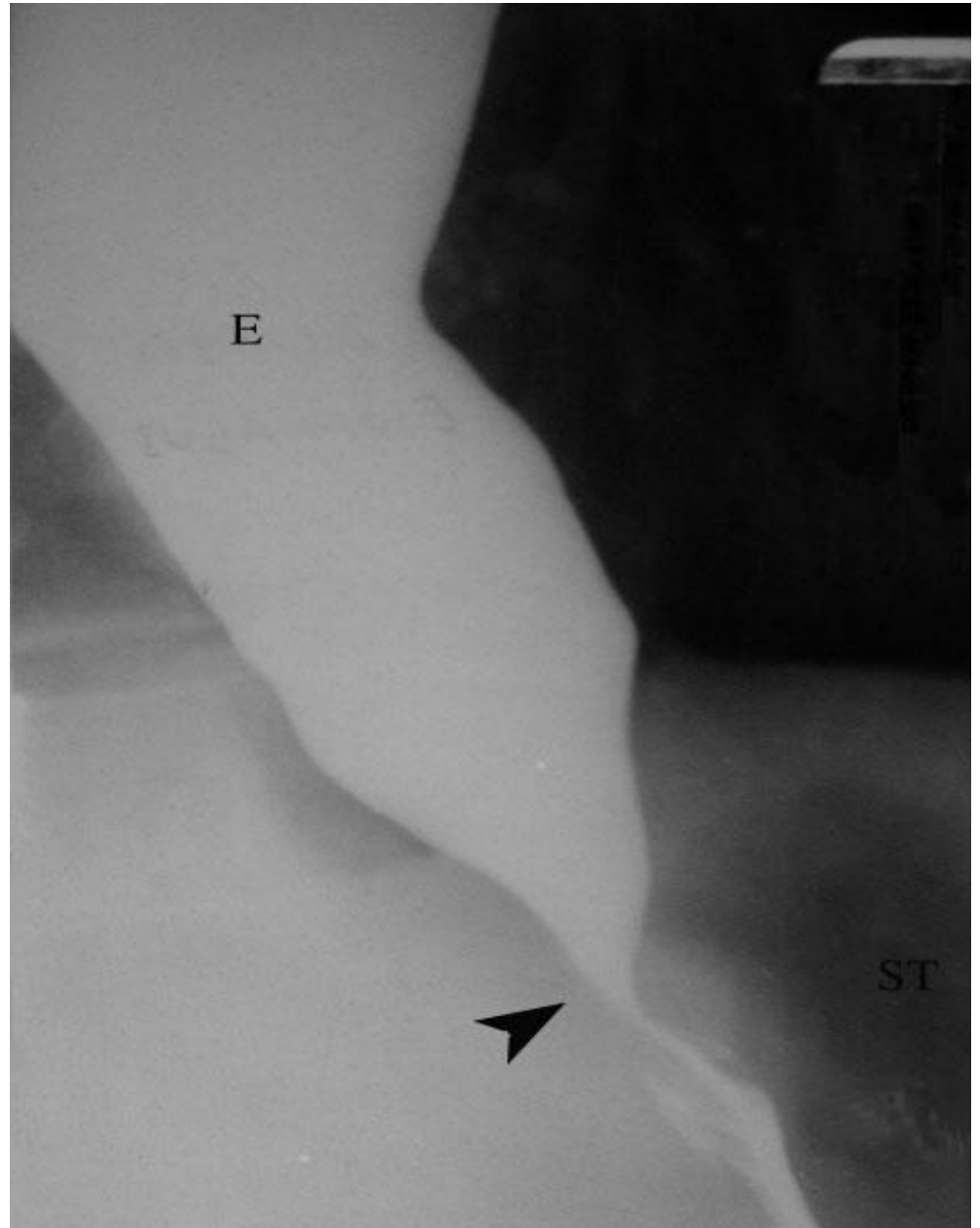


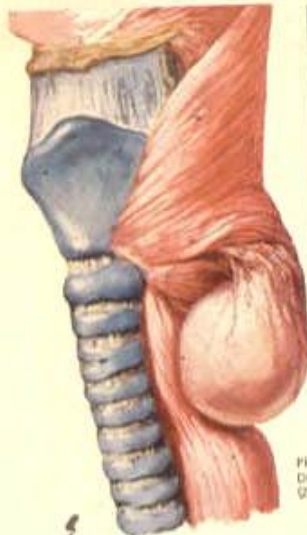


Achalasia



ACHALASIA CARDIA



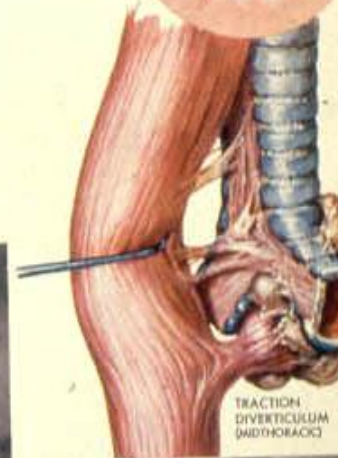


PHARYNGO-ESOPHAGEAL
DIVERTICULUM
(ZIEHL'S)



PHARYNGO-ESOPHAGEAL
DIVERTICULUM
(ESOPHAGOSCOPIC VIEW)

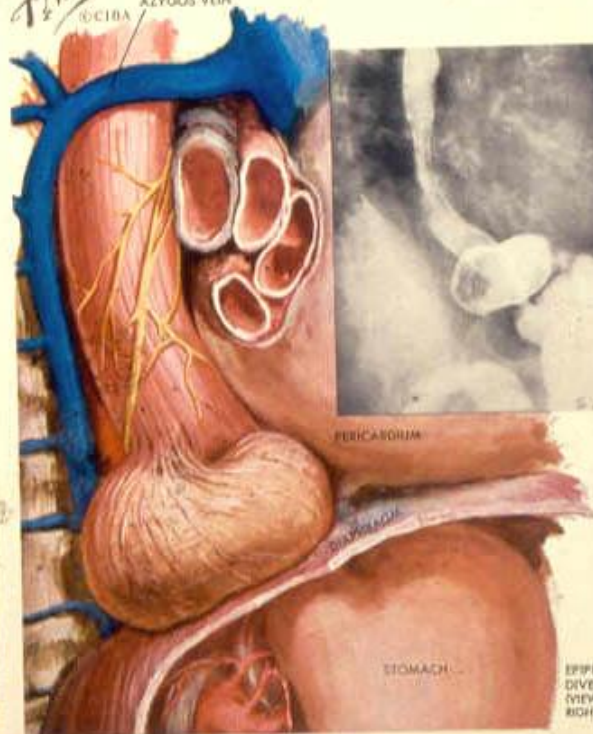
TRACTION
DIVERTICULUM
(ESOPHAGOSCOPIC
VIEW)



TRACTION
DIVERTICULUM
(ANTHROPIC)

F. Netter M.D.

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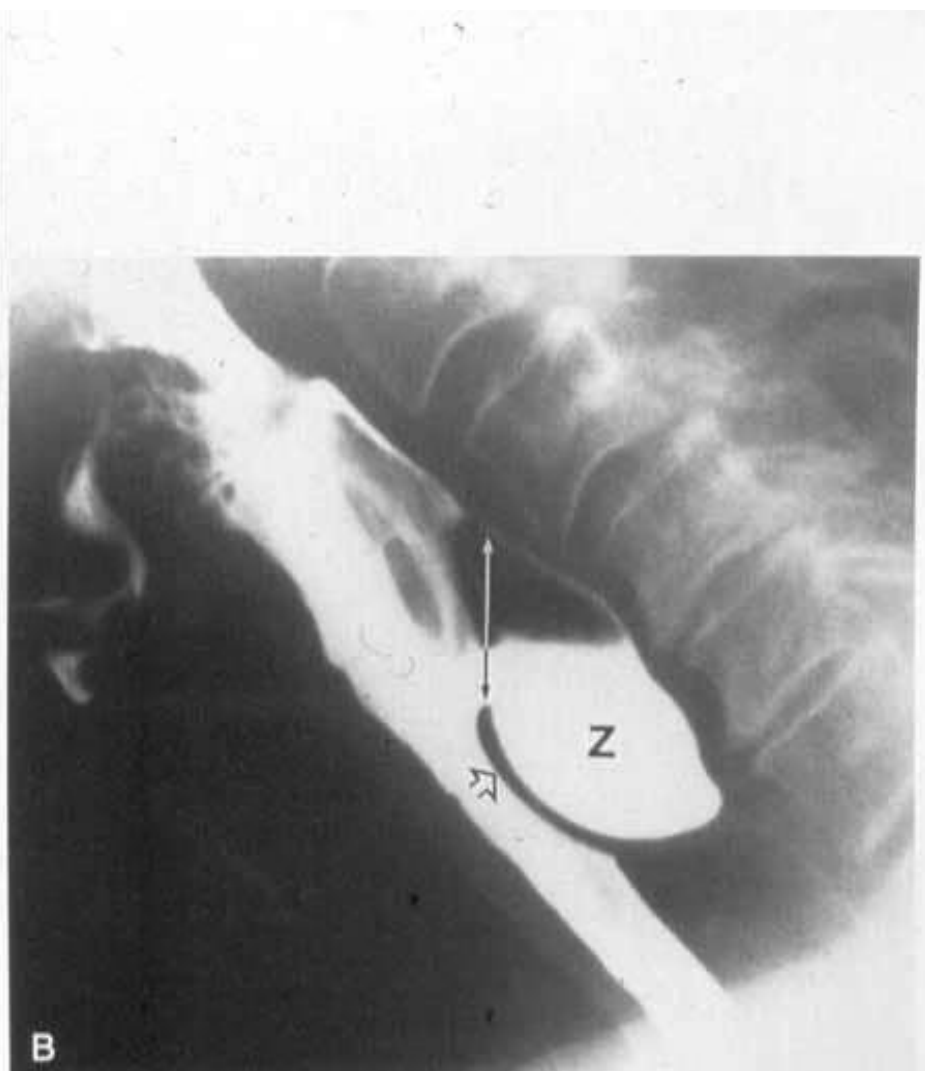
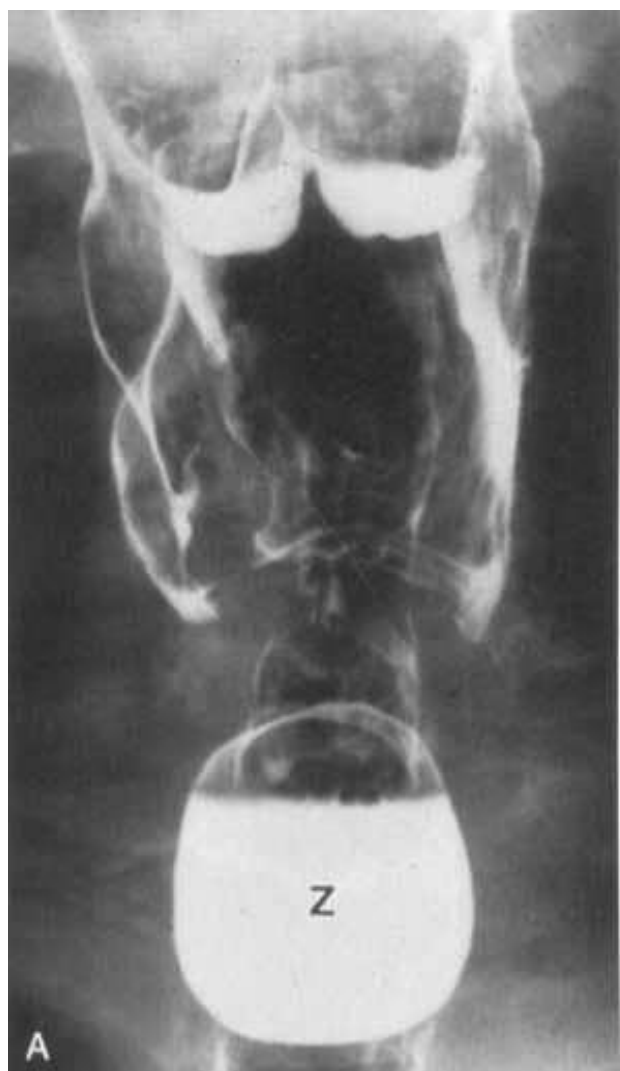


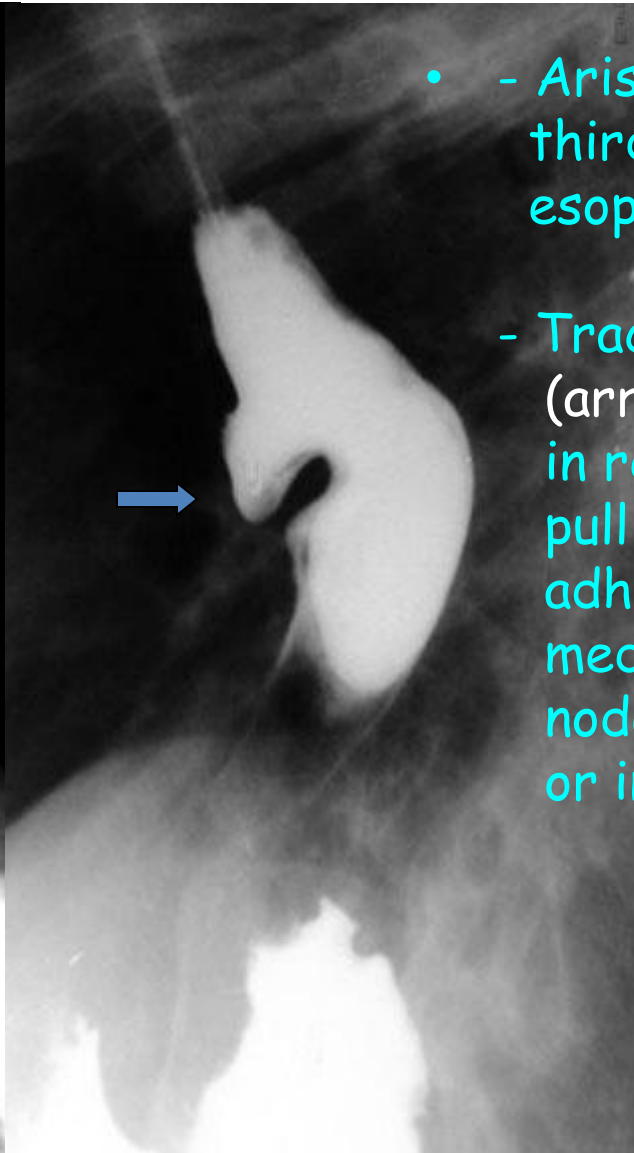
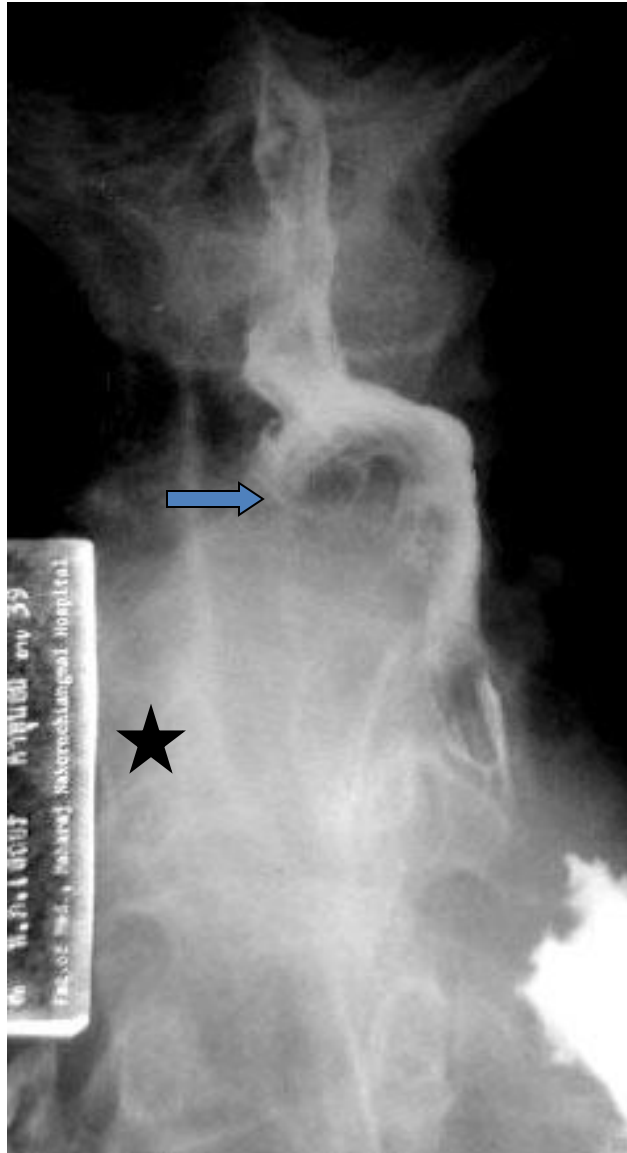
PERICARDIUM

STOMACH

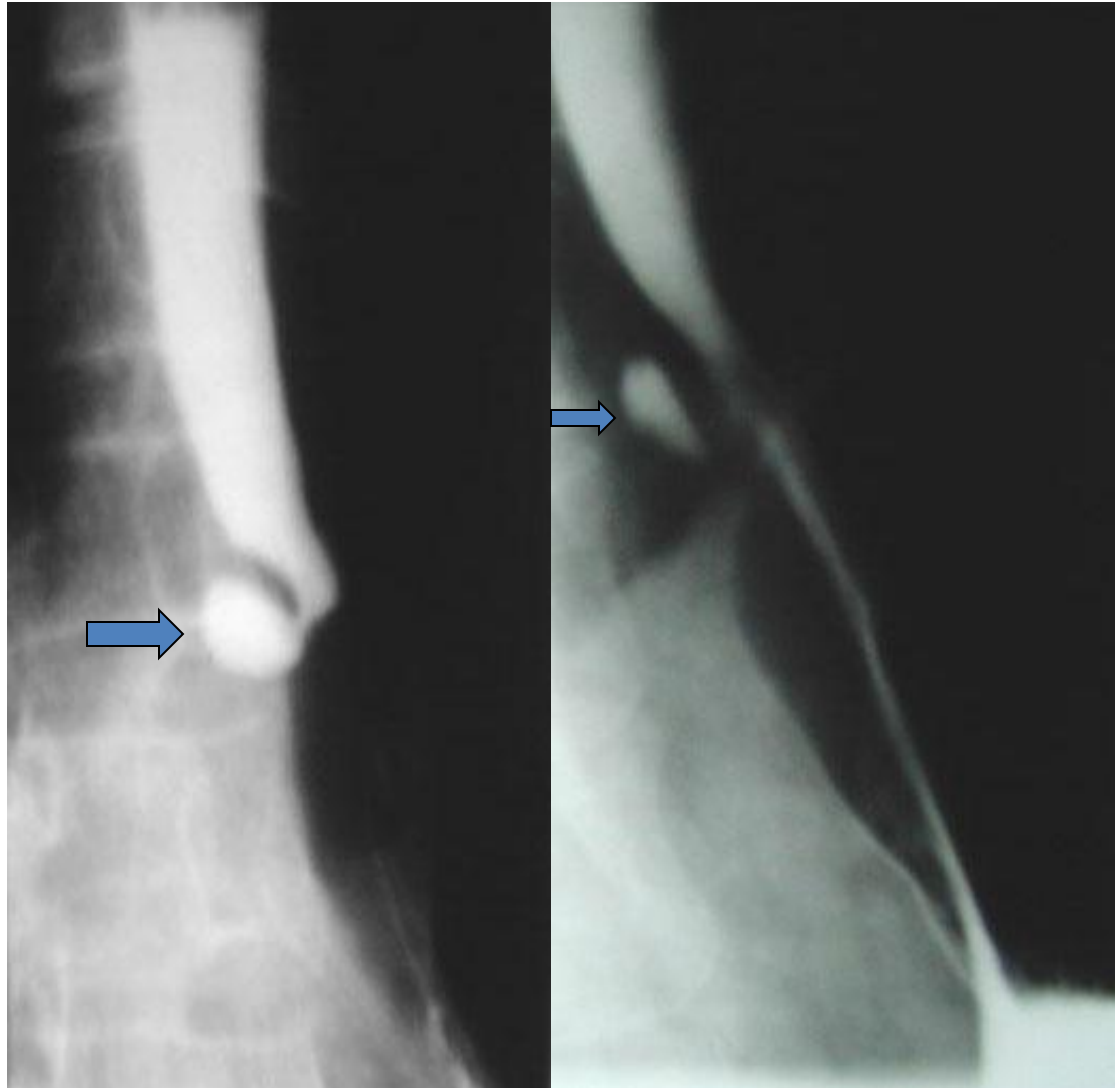
EPIPHRENIC
DIVERTICULUM
(VIEWED FROM
RIGHT SIDE)



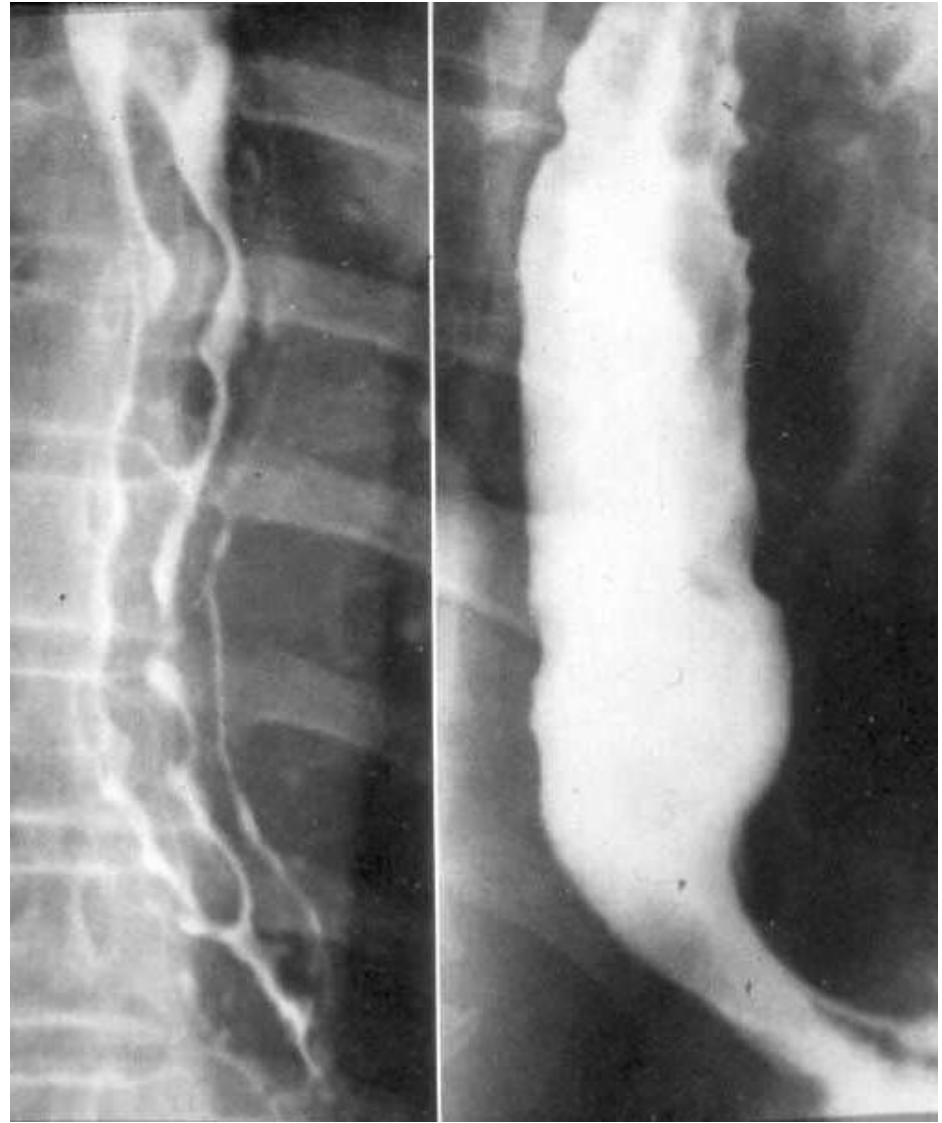
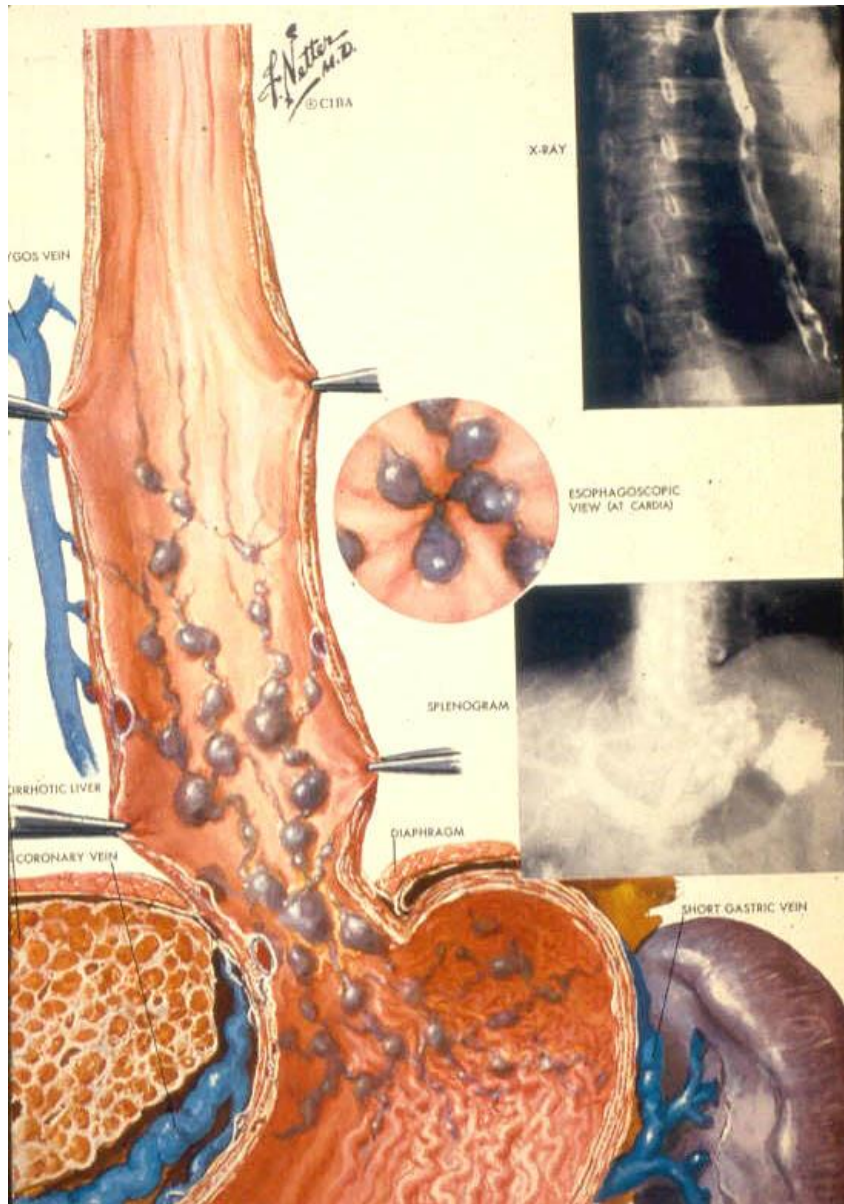




- Arises in the middle third of the thoracic esophagus
- Traction diverticulum (arrow) that develops in response to the pull of fibrous adhesion after mediastinal lymph node infection or inflammation



- Arises in the distal of the esophagus, just above diaphragm
- Pulsion diverticulum that probably related to incoordination of esophageal peristalsis and relaxation of the lower esophageal sphincter



ESOPHAGEAL VARICES : The characteristic radiographic appearance

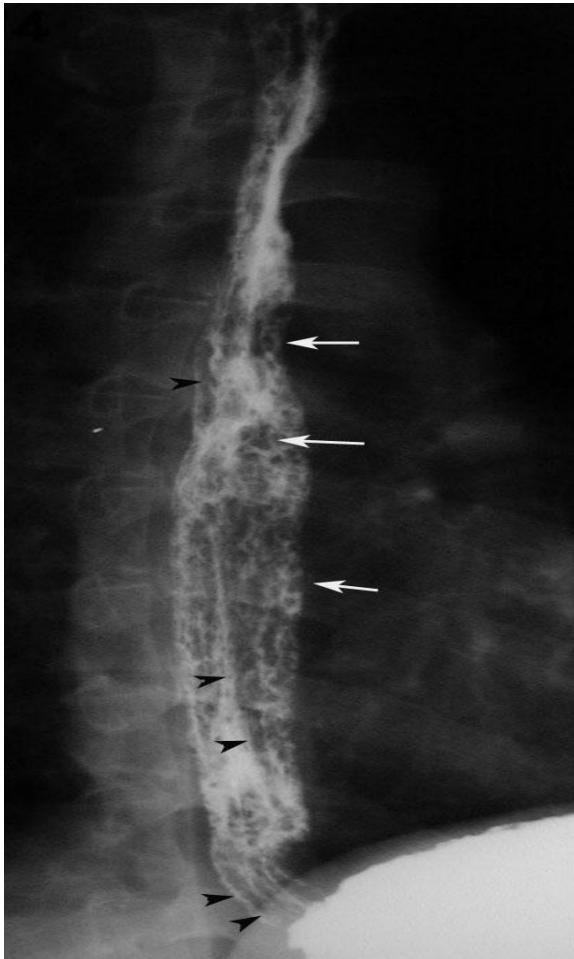


(arrowhead).

(arrow)

Answer : CANDIDA ESOPHAGITIS

- INFECTIOUS ESOPHAGITIS
- *CANDIDA* ESOPHAGITIS:



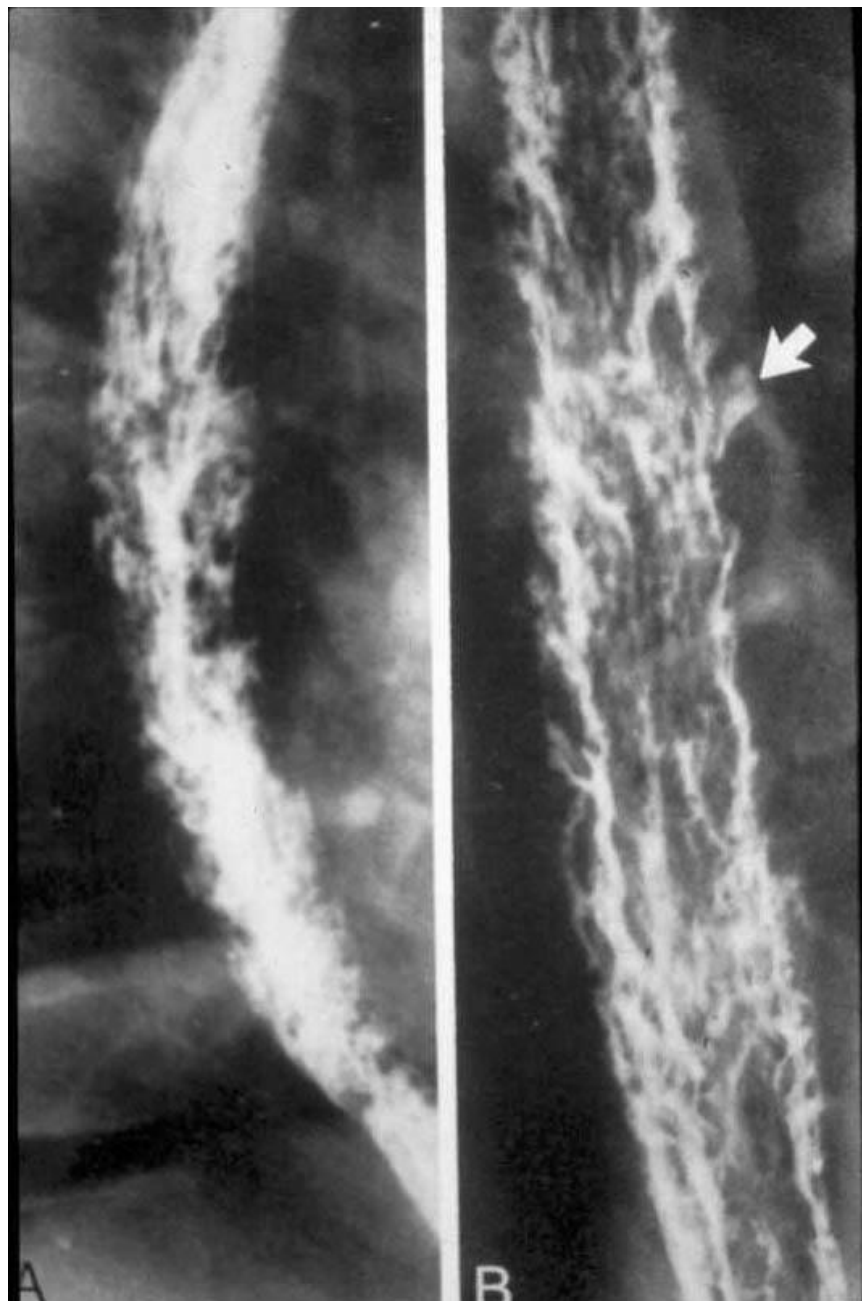
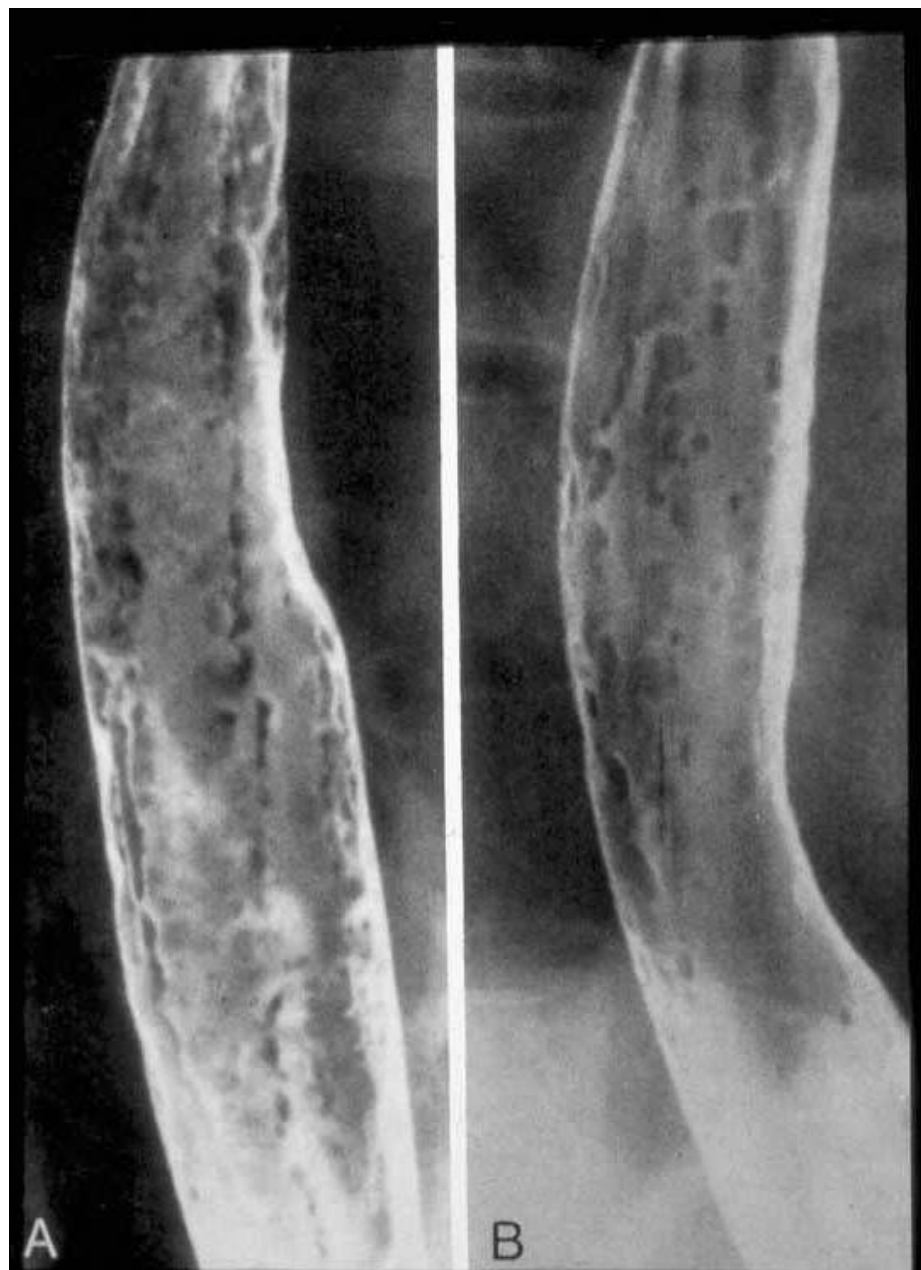
(arrow)

(arrowhead)



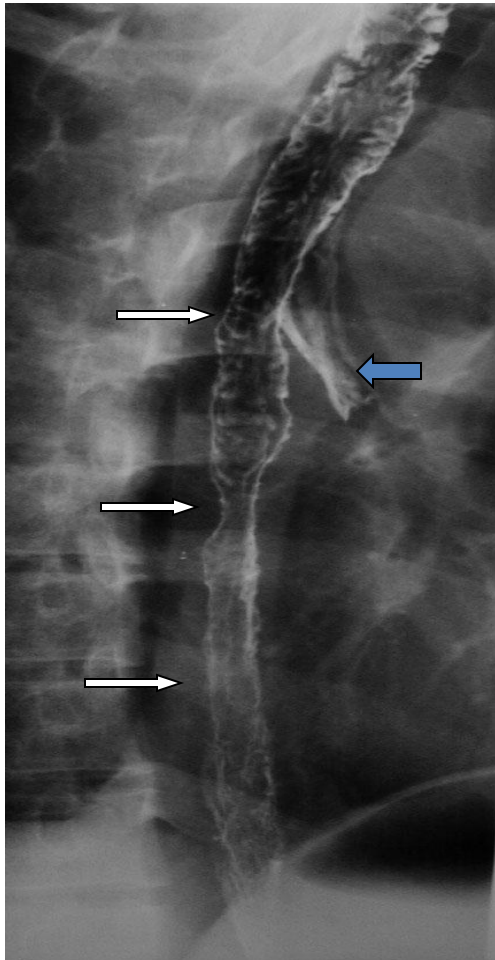
Esophagogram





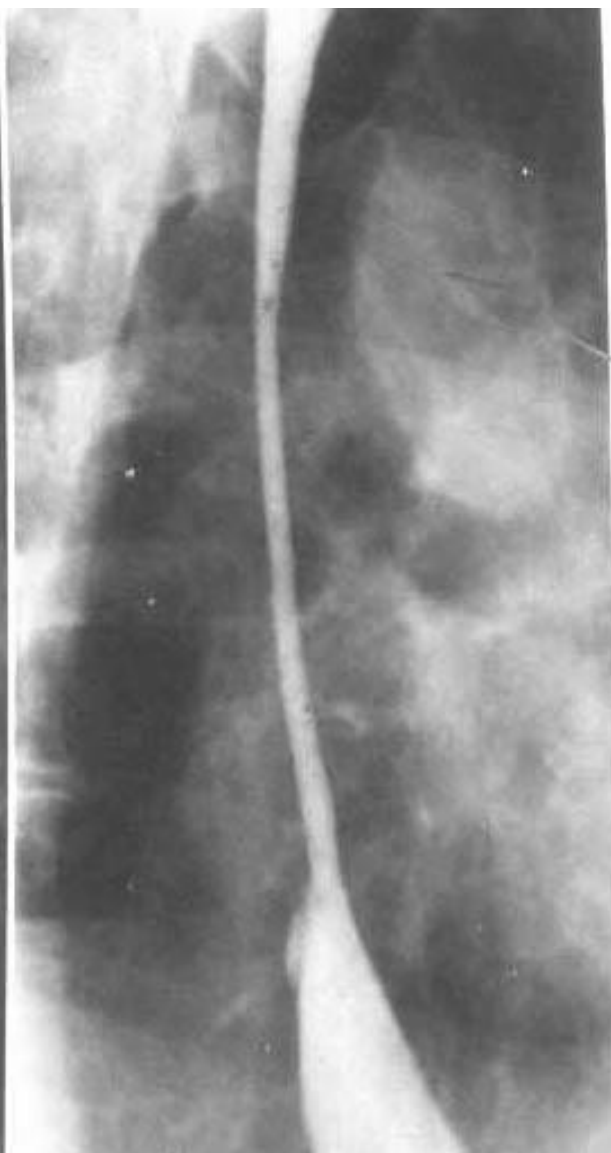
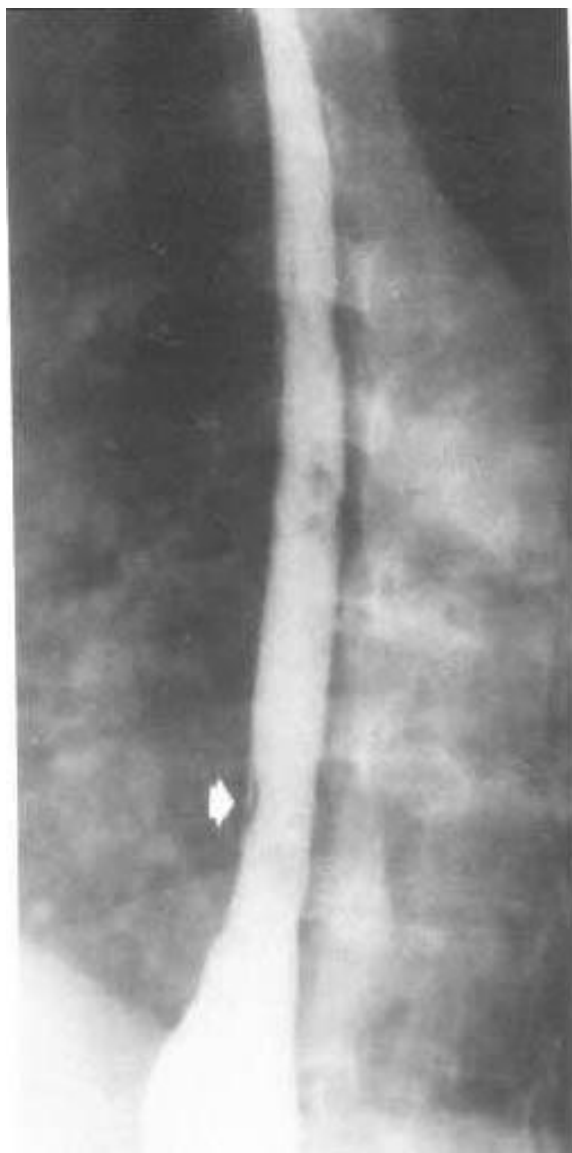
Answer : CORROSIVE ESOPHAGITIS

- Most severe corrosive injuries are caused by alkalis
- Barium study is unnecessary during acute phase.

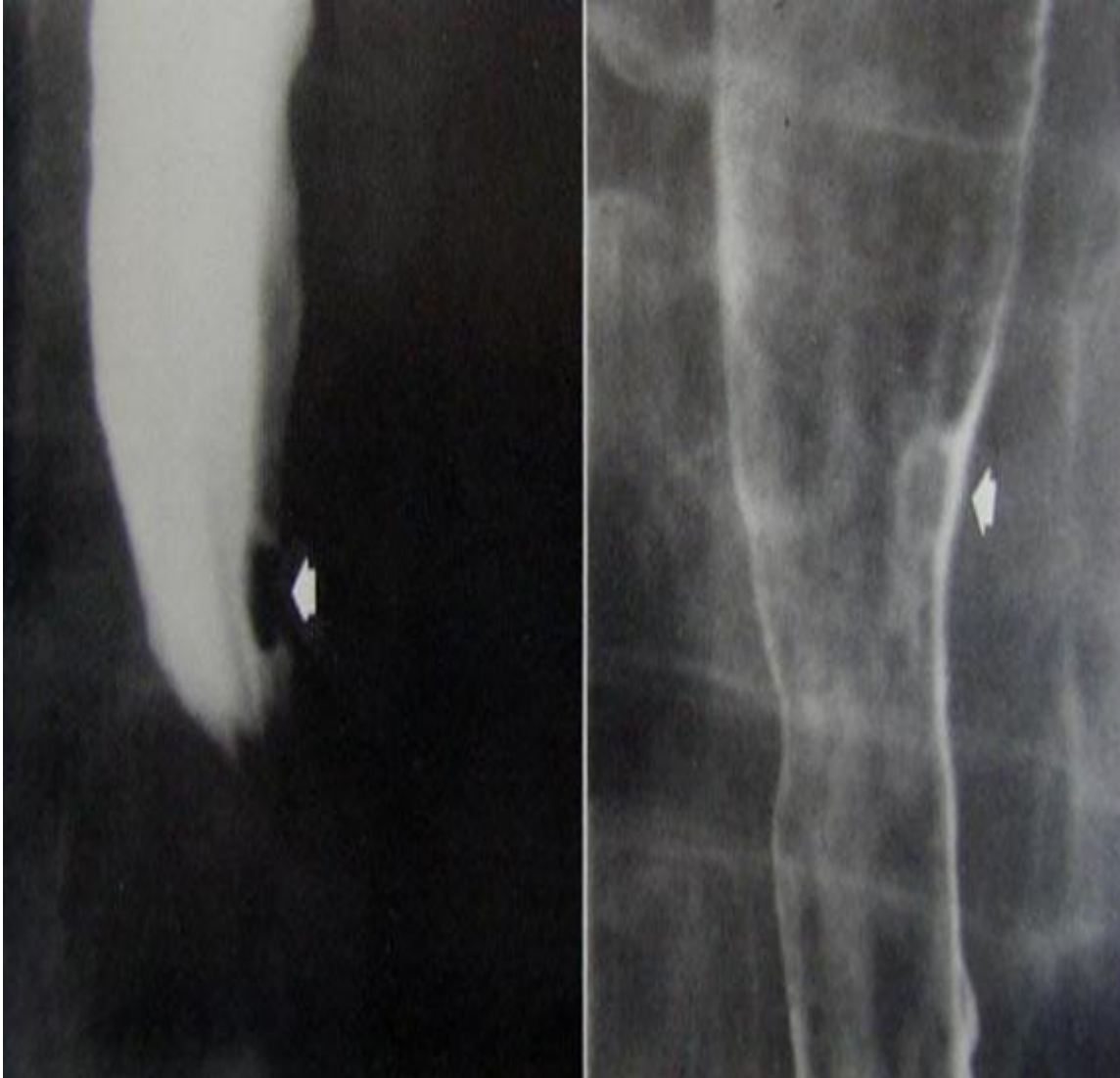


(arrow)

(green arrow)



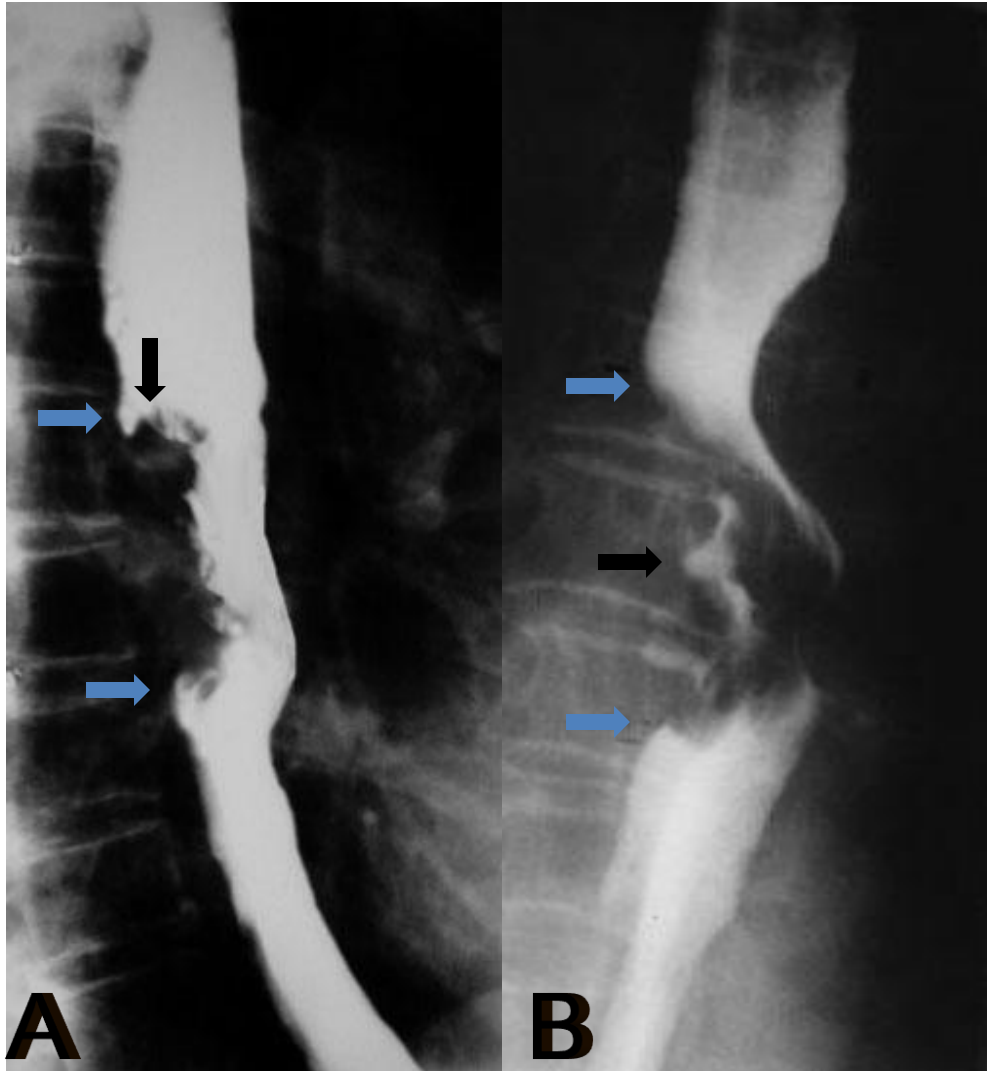
Major radiographic findings:



EARLY STAGE

- Flat plaque-like lesion or small polypoid lesion on one wall of the esophagus

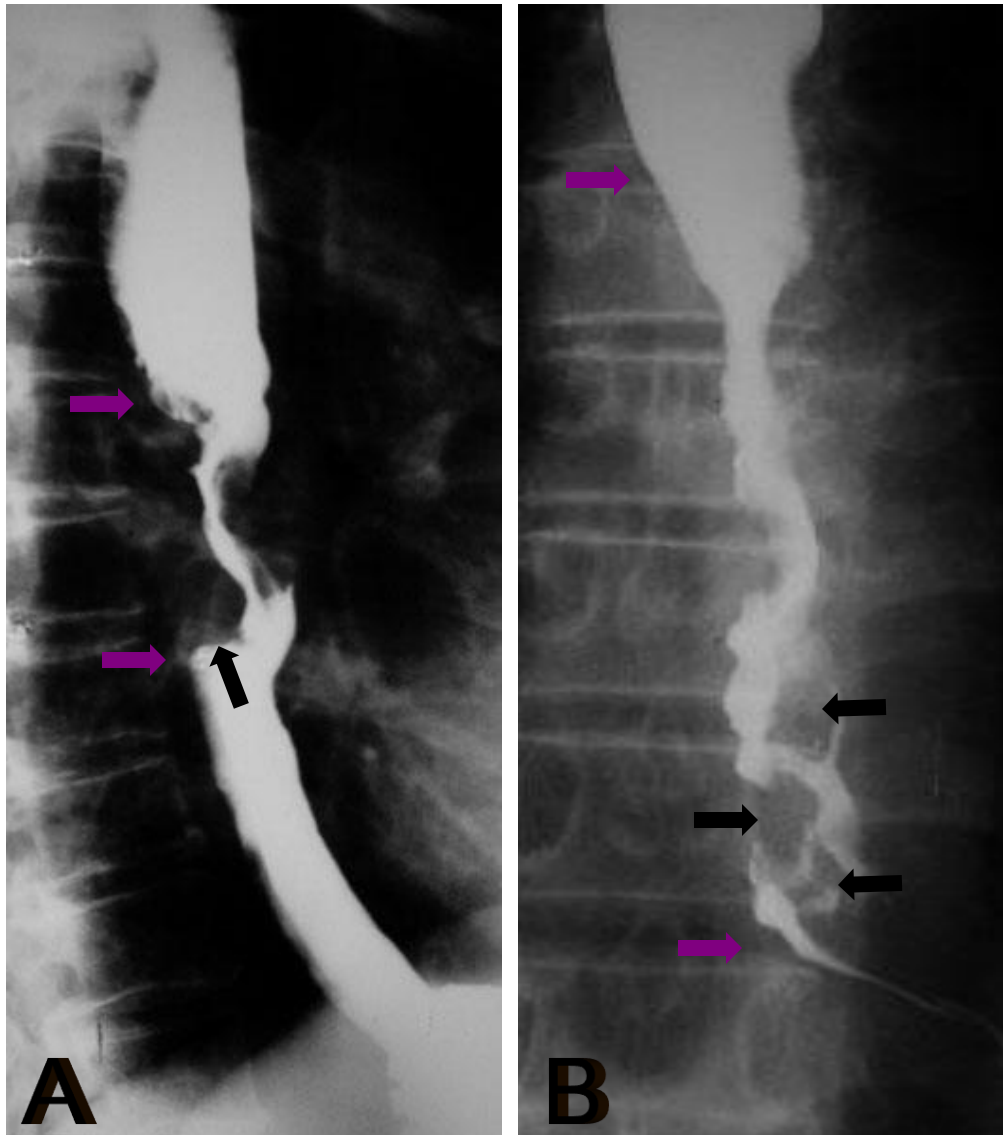
: Major radiographic appearances (2) :



ADVANCED STAGE

- A. Large Polypoid (often fungating) filling defect (arrow) with overhanging edge (yellow arrow)
- B. Large ulcer niche (yellow arrow) within a bulging mass (ulcerated mass) (arrow)

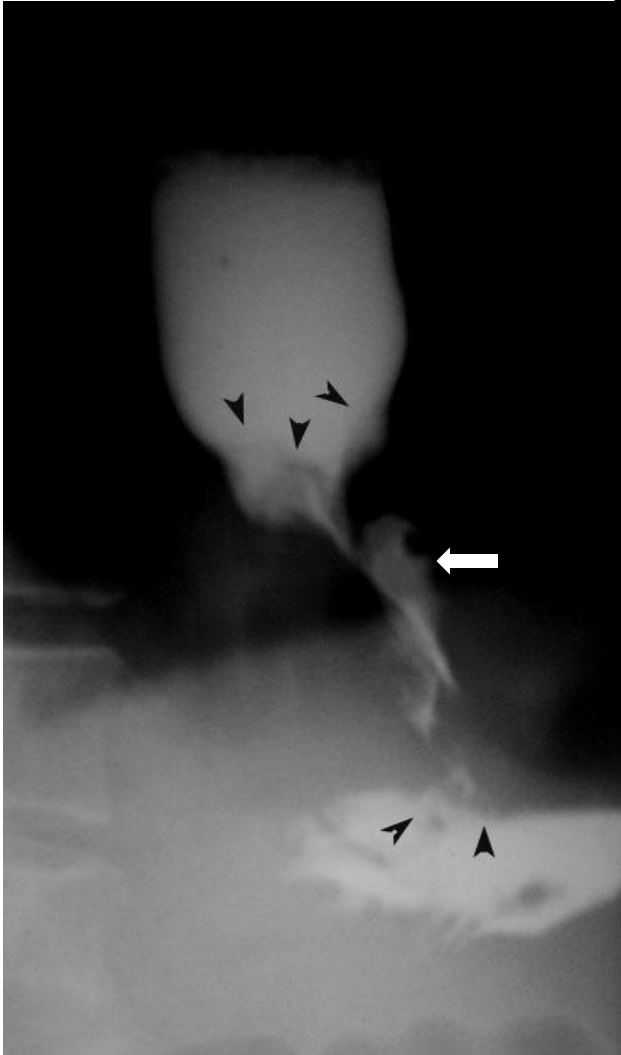
Major radiographic appearances (3)



Advanced stage

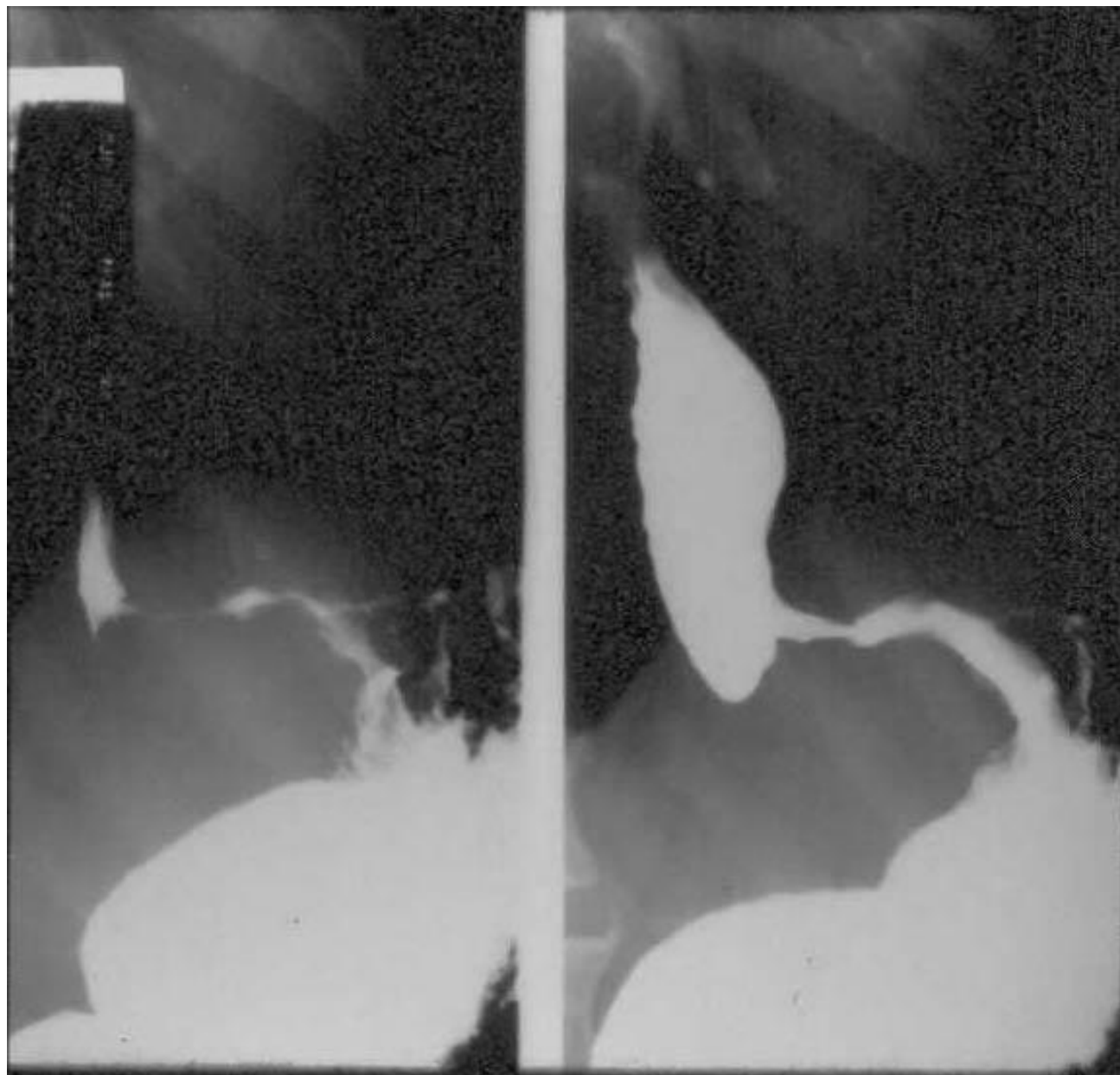
- A. Encircling mass with irregular luminal narrowing (green arrow) and shelf like margins (black arrow)
- B. Nodular thickened folds (varicoid type) (black arrow); Extension of the tumor (green arrow)

PSEUDO-ACHALASIA caused by direct spread to the distal esophagus from gastric carcinoma

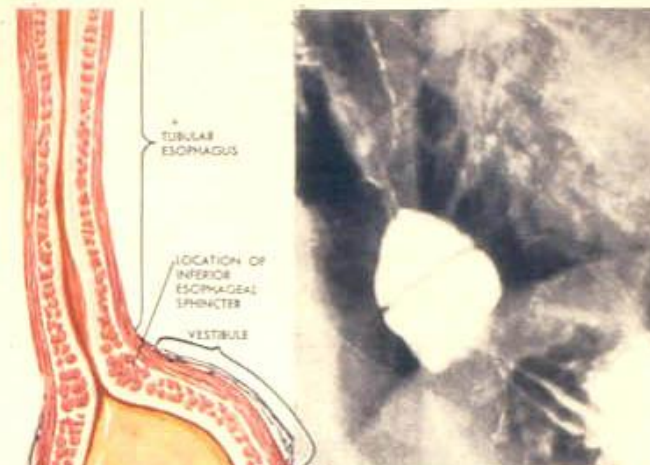


Radiographic findings :

1. Irregularly, narrowed and nodular(arrowhead), sometimes ulcerated (arrow), lesion at distal esophagus
2. Rapid transition between normal and abnormal part.
3. Dilatation of proximal esophagus.



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BARIUM RETAINED IN VESTIBULE AND HERNIAL SAC; DISTAL TUBULAR ESOPHAGUS AND INFERIOR ESOPHAGEAL SPHINCTER REGION CONTRACTED; LOWER ESOPHAGEAL RING INDICATED BY NOTCHES

