WORLD JOURNAL OF GASTROENTEROLOGY, HEPATOLOGY AND ENDOSCOPY

A Twisted Case of Anemia

Heinrich H[1,2] and Bauerfeind P[2*]

[1]Department of Gastroenterology and Hepatology, University Hospital zuerich University of Zuerich, Switzerland
[2]Klinik St. Anna, Luzern, Switzerland

Article Information

Article Type: Video Article
Journal Type: Open Access
Volume: 3 Issue: 6
Manuscript ID: WJGHE-3-142
Publisher: Science World Publishing

***Corresponding Author:**
Peter Bauerfeind,
Klinik St. Anna, Luzern, Switzerland,
E-mail: Peter.Bauerfeind@usz.ch

Citation:
Bauerfeind P. (2021). A Twisted Case of Anemia. World J Gastroenterol Hepatol Endosc. 3(6); 1-2

Received Date: 07 Sep 2021
Accepted Date: 22 Sep 2021
Published Date: 27 Sep 2021

INTRODUCTION

A 68-year-old patient was referred with asymptomatic iron deficiency anaemia with a haemoglobin of 8.6g/dl. History revealed no so signs of overt gastrointestinal bleeding. On clinical examination there were no signs of melena on DRE.

Laboratory examination further revealed elevated CRP (123mg/L) without leucocytosis. LDH was within normal range.

Endoscopy findings are shown in (video 1).

The patient subjectively did not suffer from dysphagia (Eckard Score = 0) and was diagnosed with decompensated achalasia. The CT Scan demonstrated a dilated, food impacted oesophagus. (Image 1) Further workup of his anaemia including colonoscopy showed no other causes than the damaged mucosa of the oesophagus.

Anemia as a solitary symptom of achalasia is very rare [1]. However acute upper GI haemorrhage has been described due to pressure ulcers and ischemia, bleeding of cancerous lesions as well as oesophageal varices. No oesophageal lesions suspicious for cancer were found and balloon dilatation was performed as bridge to final therapy. The optimal therapy for such advanced cases of achalasia is under dispute with oesophagectomy being most frequently proposed in the literature [2, 3],

The three points of debate in this case are:

- Treatment of achalasia is based on symptoms. What treatment option should be chosen for this asymptomatic, otherwise healthy patient with oesophagectomy being associated with high morbidity and mortality and reduction in quality of life.
- The Eckard score is no useful follow up parameter in this case. Should resolution of anaemia be utilized to monitor treatment success?
- How should the risk of cancer development and spontaneous perforation be managed in this patient?

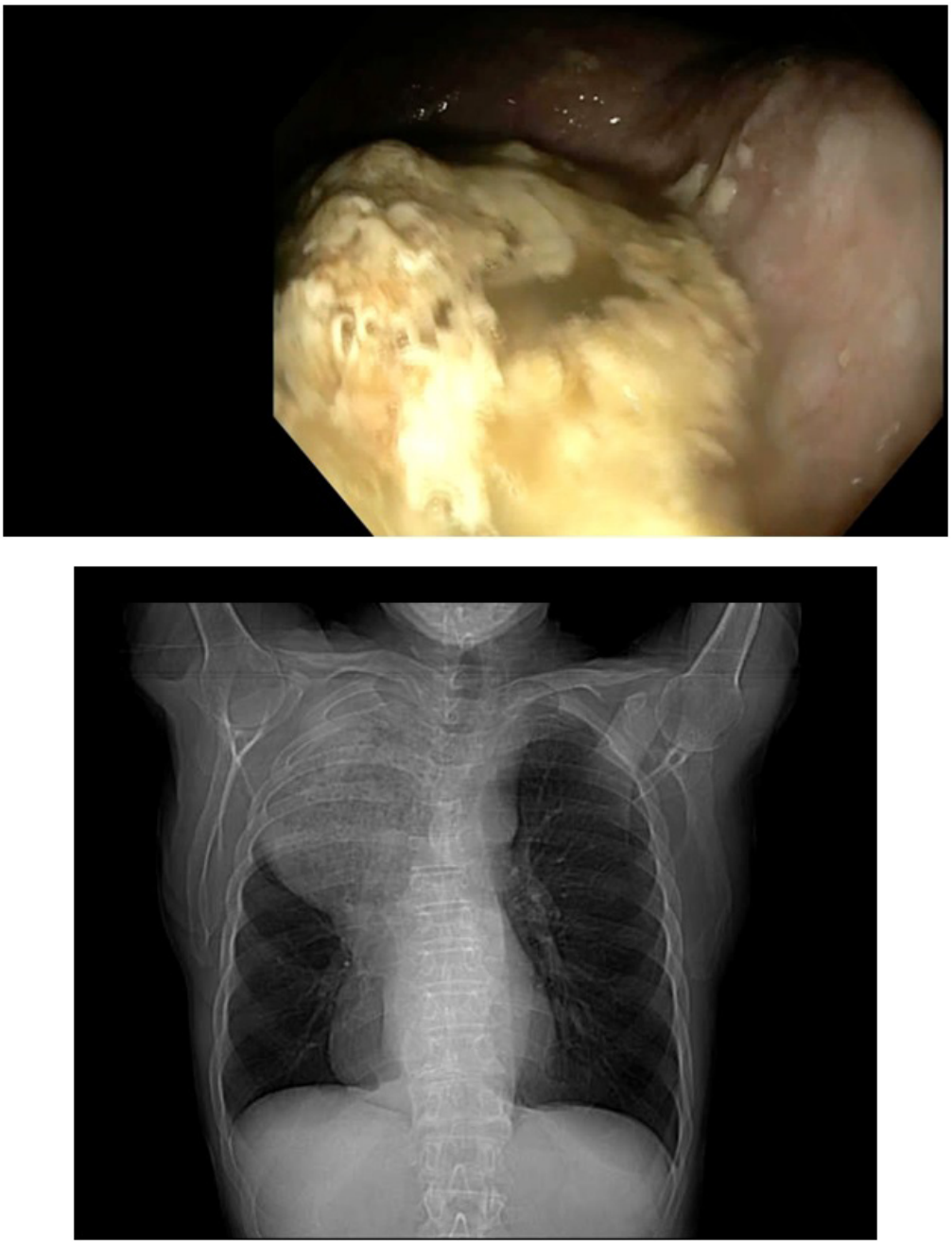

Figure 1: CT Scan shows a massively dilated oesophagus protruding into the upper mediastinum due to food impaction.

References

1. Bassi R, Saeed Y. A Rare Case of a Life-Threatening Massive Upper Gastrointestinal Bleed and Airway Obstruction in a Patient With a Megaesophagus Secondary to Longstanding Achalasia. Cureus. 2021; 13(2): e13204-e.
2. Pesce M, Sweis R. Advances and caveats in modern achalasia management. Ther Adv Chronic Dis. 2021;12: 2040622321993437.
3. Zaninotto G, Bennett C, Boeckxstaens G, Costantini M, Ferguson MK, Pandolfino JE, et al. The 2018 ISDE achalasia guidelines. Dis Esophagus. 2018; 31(9).