

A man with dysphagia after cervical esophagogastrostomy

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Introduction

Dysphagia based on the functional gastric outlet obstruction is rarely reported. The natural course of functional gastric outlet obstruction is not uncovered, yet. We report the case of a patient with dysphagia with functional gastric outlet obstruction after cervical esophagogastrostomy.

Case Presentation

A 62-year-old man referred to our outpatient clinic with one-month history of dysphagia and discomfort, from the department of cardiac & thoracic surgery. Dysphagia was non-selective for liquids or solid foods during meal time. He underwent surgery for esophageal cancer cT2N0M0, as transhiatal esophagectomy & cervical esophagogastrostomy, one months ago. Chest CT revealed no evidence of metastasis of cancer recurrence. Physical examination or endoscopic examination of the patient did not show any positive findings. The videofluoroscopic study(VFSS) with barium, which was performed to evaluate the dysphagia, showed a mild increase of post-swallow remnants. The VFSS for esophageal phase with the anteroposterior view, revealed delayed emptying of lower esophagus as functional gastric outlet obstruction at diaphragm. Delayed chest x-ray (ten minutes after VFSS) showed delayed emptying of the esophagus (Figure 1). His surgeon decided observation without intervention for 1 month. After then, following VFSS for esophageal phase with the anteroposterior view, revealed more aggravated functional gastric outlet obstruction at diaphragm. Delayed chest x-ray showed aggravated delayed emptying of the esophagus (Figure 2). Physiatriest recommended the surgical intervention of functional gastric outlet obstruction to patient's cardiothoracic surgeon.

Conclusion

The cervical esophagogastrostomy for early esophageal cancer would be one of a functional etiology of functional gastric outlet obstruction, prespresenting dysphagia and discomfort during the meal. The physician would concern the dysphagia and functional changes of the esophagus in patients with cervical esophagogastrostomy.



Fig. 1. Delayed chest x-ray (ten minutes after videofluoroscopic study) showed that most of the barium were disappeared and was suggested for delayed emptying of the esophagus.

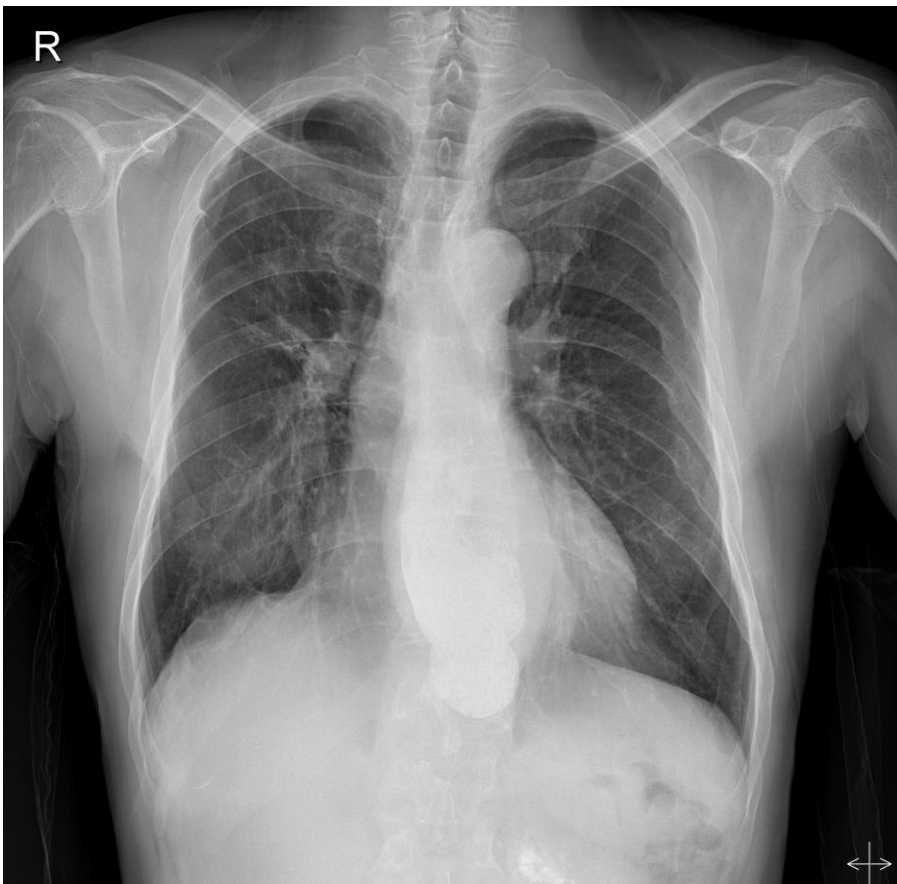


Fig. 2. Delayed chest x-ray (ten minutes after videofluoroscopic study) showed that most of the barium was remained of the lower esophagus and was suggested of functional gastric outlet obstruction.