

Operative management of achalasia of the esophagus.

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Abstract

Twenty patients with achalasia of the oesophagus were managed in one thoracic surgical unit over a period of seven years. Eighteen of these were aged 16 to 40 years. There was a female: male ratio of 2:1. Dysphagia to both solids and liquids with diffuse bilateral parotid gland enlargement were the most common clinical features. All the patients had an oesophagomyotomy without an additional anti-reflux procedure. There was no mortality. The trans-thoracic approach for oesophagomyotomy was associated with better results without complications of gastro-oesophageal reflux. This approach is recommended and an additional routine anti-reflux procedure at the same sitting may be unnecessary.