

A Rare Cause of Dysphagia

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A 69-year-old woman with a history of esophageal reconstruction by subcutaneous colonic interposition (at 14 years of age) after corrosive trauma due to accidental lye ingestion presented with a history of many years of mid-sternal dysphagia, with secondary reduction of caloric intake and weight

loss of 10 kg over the last year. She reported helping the passage of the food bolus through the subcutaneous presternal digestive conduit with her fingers. A thick-paste barium transit study revealed multiple diverticular pouches in the neoesophagus, with retained contrast material inside of them. No other reason for the weight loss was identified.

As the dysphagia in this case seemed not to be worsening over time, the patient was advised to keep the normal intake of calories, drink plenty of fluids during meals and to assume an orthostatic position for a short time after eating. At 6 months of follow-up she reported improved dysphagia and stationary body weight.

DISCUSSION

The available methods of esophagoplasty do not satisfactorily replace the peristaltic properties of the native esophagus [1] and specific disease entities of the colon (i.e., diverticula formation) could develop even when the organ is not in its normal intraabdominal position. Food ingestion determines an increase in the intraluminal pressure of the transposed intestinal segment [2] that would eventually produce the mucosal herniations at the points where the vasa recta penetrate the circular muscle layer, and in this type of pouch formation isoperistalsis and length of the colon patch seem to be of primary importance [3].

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Conflicts of interest. None to declare.

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