**Common Esophageal Disorders**

**Structural Disorders**

**STENOTIC LESIONS**

Typically result in symptoms associated with swallowing solid food, especially fibrous foods. When the stenosis is between 18 to 20 mm of narrowing, patients are never symptomatic. But when narrowing is less than 10 to 12 mm, patients are always symptomatic.

**Examples of stenotic lesions:**

- **Rings or webs:** These are bands of mucosal or submucosal tissue narrowwing the lumen of the esophagus. Often the etiology is unclear. If the stenosis is at the gastro-esophageal junction, it is referred to as a “ring.” A Schatzki’s ring (shown here) is typically described near the gastro-esophageal junction. These mucosal lesions located elsewhere in the esophagus is referred to as a “web.”

- **Esophagitis:** When acid enters and stays in the esophagus it may irritate the lining of the esophageal wall resulting in edema and potential stenosis.

- **Cancer:** When patients describe dysphagia for both solids and liquids, often without heartburn, and they are loosing weight and are over 65 years of age, malignancy causing stenosis should be ruled out.

**Deformity:**

Extrinsic deformities are the result of (1) space occupying lesions, for example, substernal enlargements of the thyroid, cervical bony exostosis, or tumors of the trachea or lung; (2) aortic aneurysms; and (3) cardiomegaly.

Diverticuli, small pouches, often develop in the mid-esophageal region and are seen as bulges that fail to empty. They are usually asymptomatic, although patients often report regurgitation of undigested food without other complaints of dysphagia.
Motor Disorders

PERISTALISIS

Esophageal manometry (see illustration) can detect disorders of peristalsis in which (1) contraction patterns are either too high or too low, (2) contraction patterns are abnormally prolonged, or (3) contraction patterns are discoordinated. In some cases it is evident that the peristalsis abnormality is due to an LES dysfunction, such as is seen in achalasia.

Many disorders of peristalsis are associated with both solid and liquid boluses and are often accompanied by chest pain. Diffuse esophageal spasms, often observed as a corkscrew appearance during barium swallow studies, can be secondary to LES dysfunction. The so-called nutcracker esophagus, with its excruciating chest pain, is the result of very high esophageal manometric pressures, yet with normal esophagrams.

SPHINCTER DISORDERS

The most common disorder of LES relaxation is referred to as achalasia, meaning "failure to relax." There often is a loss of esophageal motility above the LES and symptoms of "blockage" are commonly related to both liquid and solid boluses. There is often late regurgitation of previously swallowed boluses. It is common for patients with achalasia to refer the level of perceived blockage to their cervical neck region.

OTHER MOTOR DISORDERS

Scleroderma, while a relatively rare disease, when diagnosed is typically associated with motor dysfunction of the esophagus. The disease itself involves hardening and tightening of skin and connective tissues, which consists of collagen, the primary structural protein in connective tissues. In the esophagus, the effect is loss of peristaltic contractions due to the loss of elasticity. This results in symptoms of reflux and poor esophageal clearance. There is often an added secondary effect on pharyngeal function that can confound the swallowing impairment.

Diabetic neuropathy has a detrimental effect on the autonomic nervous system and is considered to be an etiological basis for esophageal motor disorders. Abnormal peristalsis, spontaneous contractions, and impaired LES tone are common consequences.

The long-term effects of alcohol abuse can be detrimental to the esophagus in a number of ways. There is evidence that alcohol weakens the LES, increasing the likelihood for GERD and subsequent development of strictures. Esophageal cancer has been associated with alcohol abuse, both squamous cell (related to smoking and alcohol) and adenocarcinoma (associated with Barrett’s esophagus and arising from complications of GERD).