

Hypertensive Peristalsis: A Rare Cause of Dysphagia in a Child

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A 6-year-old male child presented with history of intermittent dysphagia for solids and liquids for the past 6 months. The dysphagia worsened when taking ice creams and frequency of these episodes had increased from once in 15 days to twice in a week over the reported period. He had lost weight of 1 kg over the period of six months. He reported severe chest pain in nearly 25% of episodes. Clinical examination was normal. He underwent esophagogastroduodenoscopy which revealed normal findings (Fig. 1). High-resolution manometry (Fig. 2) showed normal lower esophageal sphincter pressures with high amplitude peristaltic contractions (mean amplitude 185 mmHg) in 70% of the wet swallows. There were no synchronus contractions and distal contractile integral was less than 5,000. Thus, a diagnosis of hypertensive (nutcracker) esophagus was made. The child was started on oral nifedipine during episodes of pain and is presently doing well.

Esophageal motor dysphagia is a rare problem in pediatric age group. Achalsia cardia is the most common etiology.¹ “Nutcracker esophagus” is a term coined by Richter et al² for the condition in which patients with non-cardiac chest pain and/or dysphagia exhibit peristaltic waves in the distal esophagus with mean amplitudes exceeding normal values by > 2 SD. The manometric features may vary with time and some patients may

develop achalasia. The place of nutcracker esophagus in spectrum of esophageal motility disorders needs further classification.¹

To conclude, Nutcracker esophagus is a rare cause of esophageal dysmotility in pediatric population. High index of suspicion

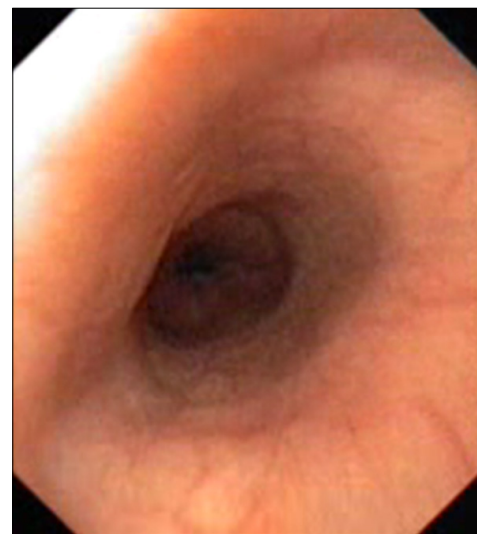


Figure 1. Endoscopic view of the esophagus.

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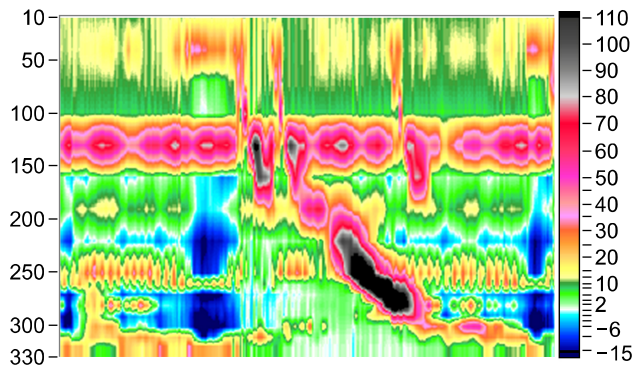


Figure 2. High-resolution manometric recording.

and high-resolution manometry are required for proper diagnosis.

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