

[PICTURES IN CLINICAL MEDICINE]

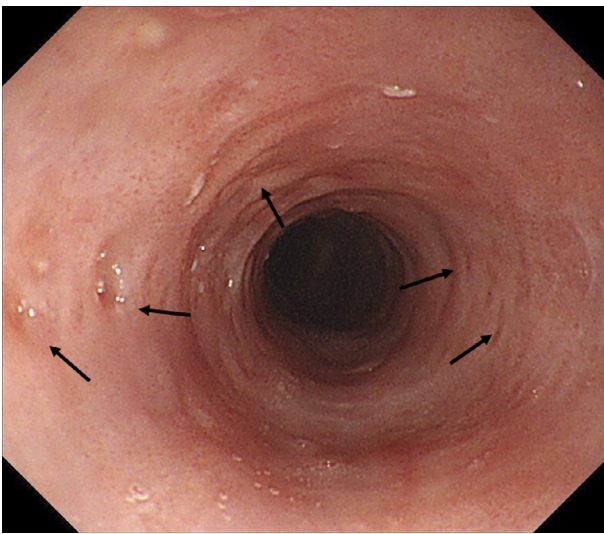
Jackhammer Esophagus Accompanied by Esophageal Intramural Pseudodiverticulosis

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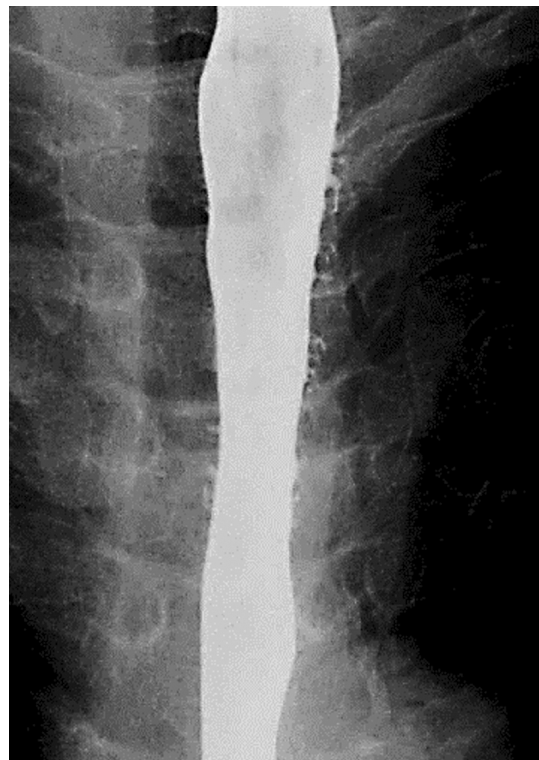
Key words: high resolution manometry, jackhammer esophagus, esophageal intramural pseudodiverticulosis

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Picture 1.



Picture 2.

A 60-year-old man presented with dysphagia. He consumed 40 g of alcohol and smoked 20 cigarettes per day. The patient had no history of diabetes mellitus, collagen disease, or candida esophagitis. Endoscopy revealed multiple small holes, a whitish mucosa, and a relatively narrow lumen (Picture 1, black arrow). Esophagography with barium swallow revealed multiple flask-shaped projections throughout the cervical and upper thoracic esophagus (Picture 2). We therefore diagnosed the patient with esophageal intramural pseudodiverticulosis (EIPD). Because it has been reported to be related to esophageal functional disorders, such as achalasia or nutcracker esophagus, we performed high resolution manometry (HRM) (1, 2). HRM revealed extremely strong contractions of the esophageal body and normal lower esophageal sphincter relaxation. The distal contractile integral was 16,750.9 mmHg-s-cm (normal range <

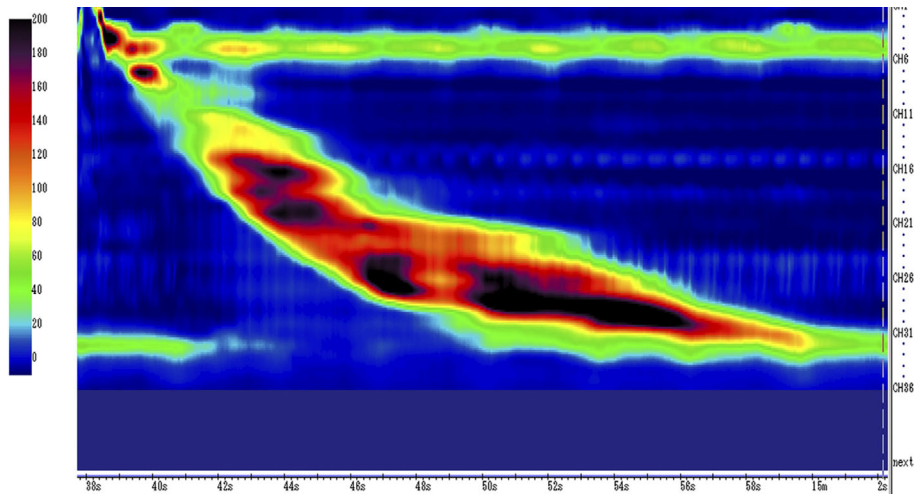
8,000 mmHg-s-cm) (Picture 3). The patient met the criteria for jackhammer esophagus and was diagnosed with jackhammer esophagus accompanied by EIPD. We hypothesized that extremely high pressure in the esophagus caused EIPD. The previous studies were performed by conventional manometry; thus, this is the first report to investigate the esophageal function of a patient with EIPD using HRM.

The authors state that they have no Conflict of Interest (COI).

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Picture 3.

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