* Diseases of esophagus - 1

Obstruction

Mechanical

Acquired

Stenosis

Causes:
- chronic GERD
- systemic sclerosis
- irradiation
- ingestion of caustic agents

Clinical Presentation:
- Progressive dysphagia
- Difficulty of eating solids
- Food get lodged in narrowed site upwards

Due to inflammation and scarring → leading to → fibrous thickening of the submucosa and atrophy of the muscularis propria

Congenital

Atresia

- non-canalized cord replaces a segment of esophagus
- needs urgent surgical removal after birth
- ± fistula
- complications:
  - infection
  - malnutrition
  - Pneumonia
  - Gastric fluid and esophagus influences

Fistula

- Tracheoesophageal
- Duodenal

Agenesis (very rare)

Functional

Achalasia

Triad of:
- → incomplete LES relaxation
- → increased LES tone
- → esophageal aperistalsis

Clinical Presentation:
- → difficulty of swallowing
- → Regurgitation
- → sometimes chest pain

Primary: more than 90%

Secondary

- Degeneration of distal esophagus which only receives
- idiopathic

Secondary:
- loss of neural innervation due to damage in esophagus, vagus nerve; Dorsal motor nucleus of vagus.
- changes disease, caused by Trypanosoma cruzi → destruction of the myenteric Plexus → failure of LES relaxation leading to → esophageal dilatation

Vascular

Varices

→ tortuous dilated veins within submucosa of the distal esophagus and proximal stomach

Causes:
- cirrhosis (most common)
- hepatic schistosomiasis

Pathogenesis:
- Portal hypertension
- leading to the shunt of blood from portal to systemic circulation
- dilate collaterals in distal esophagus → varices

Clinical Features:
- often asymptomatic
- patients tends to develop hematemesis and death
- 2/3 of patients die from the first bleed due to hemorrhage, hepatic coma and hypovolemic shock
- rebleeding in 2/3 of patients

diagnosis → endoscopy → endoscopy

Tumors

Inflammation

Esophagitis

Causes:

1. Esophageal infections
   - viral infections: herpesviruses, cause like superficial, heal quickly (no surgical intervention)
   - a nursing home (most common)
   - a due to cancer therapy or forceful drainage vomiting
   - a patients with hematemesis
   - a gastric contents in vomitus → stomach → tor
2. Chemical esophagitis
   - → damage to the esophageal mucosa by irritants
   - caused by:
     - alcohol
     - corrosive acids or alkalis
     - previously hot fluids
     - heavy smoking
     - medicines (NSAIDs)
     - Contrast agents (barium, iodine)
     - Infectious (chemotherapy, radiotherapy, GVHD)
   - → clinical symptoms and morphology:
     - ulceration and acute inflammation
     - only self-limited than odynophagia (pain with swallowing)
     - hemorrhage, stricture or perforation in severe cases
3. Infectious esophagitis
   - mostly in debilitated or immunosuppressed
   - causes:
     - bacteria
     - secondary
     - viral
       - HSV (herpes simplex virus)
         - → punched out ulcers
         - → histopathology: nuclear viral inclusions, degenerating epithelial cells ulcer edge, multinucleated epithelial cells
       - CMV (cytomegalovirus)
         - → shallower ulcerations
         - → Histo: nuclear and cytoplasmic inclusions in contrary epithelium and stromal cells (mega cells)
     - fungal
       - candidiasis and aspergillosis
       - candida
         - white lesions adherent fungi
         - extended to esophagus wall
         - Yeast white pseudomembranes
         - combined of mucosal fungal hyphae and inflammatory cells

4- Reflux esophagitis

5- Eosinophilic esophagitis