

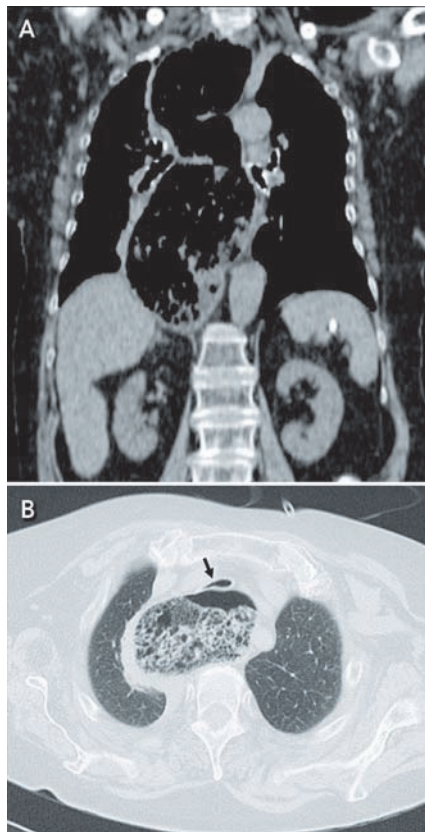
## SNAPSHOT

# Dyspnoea caused by retained food in the oesophagus

A 79-year-old woman was admitted with shortness of breath that had worsened over the previous week. Two months earlier, she had developed dysphagia with nocturnal regurgitation, cough and occasional stridor. Physical examination showed no abnormalities apart from an oxygen saturation level of 85% on room air. The patient had a history of achalasia, which had been treated 5 years earlier with pneumatic dilation.

A chest computed tomography scan showed a severely dilated and tortuous oesophagus with retained food (Figure, A) causing compression of the trachea (Figure, B). The woman was successfully treated with laparoscopic Heller myotomy and discharged.

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