

### **Giant Fibrovascular Esophageal Polyp Misdiagnosed as Achalasia**

I. Cordoș, A. Istrate, M. Codreș, C. Bolca

1st Clinical Department of Thoracic Surgery, "Marius Nasta" National Institute of Pneumology, Bucharest, Romania

#### **Abstract**

A 59 years old woman was admitted in our unit accusing longtime dysphagia and regurgitation. On admission, the patient was wearing a 3 month old definitive feeding gastrostomy tube. The contrast swallow, endoscopy and esophageal manometry established the diagnostic - achalasia. We removed the gastrostomy tube and we performed an open Heller myotomy. The postoperative period was uneventful and the patient was discharged one week later with affirmatively unimpaired deglutition. One month later, the patient was admitted via emergency with a giant fibrous tumor arising from her mouth after an episode of strong coughing and vomiting. The repeated endoscopy showed a giant esophageal polyp that was missed by the previous investigations, originating from pharyngoesophageal junction. The esophageal polyp was resected by cervical approach with good postoperative outcome. The polyp's particular extreme dimensions (27 cm) prevented the acute asphyxia by blockage at the laryngeal level, possibly provoked by smaller tumors. As postoperative one month barium swallow showed a normal esophageal aspect, a final question remains - was achalasia real or an erroneous diagnosis was established the second time too?

**Key words:** esophageal polyp, esophageal benign tumors, achalasia

Corresponding author: Ciprian Bolca M.D.

"Marius Nasta" National Institute of Pneumology

90, Viilor street, 70000, Bucharest

Fax - 0040369816703

E-mail: bolcaciprian@gmail.com

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