Dyskinesia of the Oesophagus

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Oesophageal dyskinesias are disturbances of motility, tone, and co-ordination of the oesophageal wall and the cardiac orifice in the absence of an organic cause. Such functional disorders may affect the whole oesophagus or only part of it. Dyskinesia may be due to (1) multiple contractions or (2) a single spasm that may be localized in different parts of the oesophageal wall, the most frequent form of which is cardiospasm. These two types are idiopathic, but they may be associated with organic disorders and appear as a reflex. Often patients are seen in whom surgical intervention for an organic disorder (such as peptic ulcer or cholelithiasis) thought to be the cause of the dyskinesia failed to relieve their symptoms.

Other factors may be contributory: neuropathic constitution, allergy, endocrine disease, vitamin B₁₂ deficiency. At the onset functional disorders are predominant, but later on organic lesions may appear, due to previous functional disturbance or to infective or traumatic complications.

Clinically a neuropathic personality, intermittent dysphagia, oesophageal hyper-peristalsis, and cardiospasm are the main factors in diagnosis. The differential diagnosis between spasmodic and malignant stenosis is often difficult.

Very good results in the treatment of oesophageal dyskinesia have been obtained with psychotherapy associated with mephenesin. In early cases of cardiospasm where hypertonicity is confined to the upper two-thirds of the oesophagus excellent results have followed dilatation of the cardia with the Starck dilator (26 cases).