Curling of the Oesophagus

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On examination of the oesophagus with barium contrast meal, changes of the normal contours sometimes occur, which are of transitory character and without constant gaps in the shadow graph.

This phenomenon is described as “ladder spasms”, “curling” or “rippling” “spasmes étagés”, “Tæsophage en tire-bouchon”, and “Tcesophage en chapelet”.

The changes of the contours vary rapidly and occur only at the distal $\frac{3}{8}$ ths part of the oesophagus. In differentiation with the primary and secondary contraction waves, they are also called tertiary spasms.

Only some vague notion exists as to the aetiology of and the importance which should be attached to this phenomenon. The tertiary spasms are nearly exclusively found in persons above 50 years of age. Sometimes there are no complaints, sometimes a dys-phagia is present. The ladder spasms may also be present in diver-ticula of the oesophagus, hiatus hernia, duodenal ulcer, achalasia, and diseases of the gall-bladder.

In this connection three females of advanced age are discussed.

The first patient underwent an oesophagus contrast examination because of vague complaints on swallowing. A slight curling phenomenon was found. The patient was re-examined after one year and then a carcinoma of the oesophagus was found to be present.

The second patient with the curling phenomenon also had complaints on swallowing and a disturbed passage. Further examination revealed that an antrum carcinoma of the stomach was present.

The third patient with ladder spasms, who had serious complaints on swallowing, was at first thought to be suffering from a tumour of the distal oesophagus. On oesophagoscopy a foreign

Fermin, Curling of the Oesophagus

233

body (plum-stone) was found and removed. Hereafter the complaints disappeared and the passage rapidly improved. A control examination revealed that a small diverticula was present 12 cm above the diaphragm.

The necessity to pay attention to ladder spasms and, if necessary, to complete the examination with an oesophagoscopy is emphasized.

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Measurement of the Bronchial Diameter

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Demonstration of an instrument with which the diameter of trachea and large bronchi can be measured. The instrument is supplied with a graduated scale on which

outside of the broncho-scope
the distance to be determined can be read.