X-RAY FILM OF THE MONTH

Edited by Benjamin Felson, M.D.

The patient is a 48 year-old colored woman who came to the hospital with slight right sided chest pain, productive cough, expectoration of 300 cc. foul sputum and fever for a period of ten days. The onset was sudden. When questioned deeply, she also complained of pressure in her chest only after a heavy meal which has been promptly relieved by voluntary vomiting. Her past history was non-contributory except for a thyroidectomy in 1945.

Physical examination: poorly nourished woman of middle age; chest: moist rales and rhonchi over right upper chest posteriorly.

Sputum was negative for acid-fast bacilli on smear. B. Proteus colonies isolated on routine media. Skin tests 1:100 OT negative. Histoplasmin, coccidioidin, blastomycin negative.

PA chest x-ray (Fig. 1) showed a very dense shadow medially attached to the mediastinum which has a very sharp circular border laterally and inferiorly. There was infiltration and mottling of the remainder of the right upper zone with a cavitation of 3 cm. in diameter. Right lower lung field and the left side was normal. Right lateral film (Fig. 2) showed a large density in the upper chest area which was displacing the trachea considerably forward.

With these clinical and radiological findings our tentative diagnosis was mediastinal or pulmonary tumor complicated with pulmonary abscess.

Answer: ACHALASIA AND PULMONARY ABSCESS

A barium swallow solved the problem. The swallowing function was normal. The esophagus was markedly dilated. At about the second vertebral level, the esophagus took a sharp turn to the right and somewhat

FIGURE 1

FIGURE 2
upward, then descended down towards the diaphragm. There was considerable narrowing of the cardia. No peristaltic contractions were seen. The dense shadow previously interpreted as a possible tumor was made by the enlarged esophagus (Figs. 3 and 4).

DIAGNOSIS: (1) Achalasia (mega-esophagus).
(2) Pulmonary abscess (possibly due to aspiration of esophageal contents).

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