A 40-year-old man was referred for a transthoracic echocardiogram because of a systolic murmur. The echocardiogram revealed findings consistent with a moderate-size ostium secundum atrial septal defect. In addition, a large, apparently cystic, mass was visualized posterior to the left atrium in the parasternal long-axis and short-axis views (Fig 1, top and bottom). A CT scan of the chest showed a massively dilated esophagus compatible with esophageal achalasia (Fig 2, top and bottom). The chest x-ray film (Fig 3) showed a classic appearance of esophageal achalasia with slight prominence of the pulmonary arteries due to the atrial septal defect.

The esophageal sphincter was dilated successfully.

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with resolution of the esophageal dilation seen on chest x-ray film (Fig 4). Following the dilation procedure, the prominent pulmonary arteries were clearly visualized, and the classical appearance of an atrial septal defect was seen.

Based on this patient’s transthoracic echocardiogram, cardiac surgery for an atrial septal defect closure was performed. Preoperative transesophageal echocardiography was not performed because of concerns about its safety in a patient with a history of severe esophageal dilation. During surgery, there was a small secundum defect with an unexpected partial anomalous pulmonary venous drainage into the right atrium, which was successfully corrected.

**Comment**

This case represents an unusual route for the diagnosis of achalasia. The massively dilated food-containing esophagus mimicked a cystic posterior mediastinal tumor, and although the correct diagnosis was made by CT scan, a chest x-ray film would have been equally diagnostically effective but was inadvertently omitted.

The physician’s hesitation to evaluate the atrial septal defect preoperatively with transesophageal echocardiogram despite x-ray film evidence of resolution of esophageal dilation resulted in an incomplete preoperative diagnosis, which fortunately did not affect operative outcome.