A 53-year-old woman was evaluated because of complaints of intermittent dysphagia for liquids as well as solid food and retrosternal pain of 15 months' duration. The retrosternal pain, which was severe and often precipitated by ingestion of food or fluid, radiated to both arms and the upper back. She had experienced occasional episodes of regurgitation. There was no history of weight loss or weakness. Physical examination revealed no abnormality. A resting electrocardiogram, stress test, and echocardiography were all normal. Upper endoscopy was performed without sedation. Although no difficulty was encountered during intubation, the patient complained of severe chest pain radiating to both arms and the upper back during the procedure. At endoscopy (A) the distal esophagus had a corkscrew appearance; no other abnormality was noted. Barium contrast radiography performed the next day revealed typical radiographic features of corkscrew esophagus (B). The patient was treated with sublingual isosorbide dinitrate, 5 mg 3 times daily and fluoxetine, 20 mg per day. She noted some relief of her symptoms and refused any further intervention. Although endoscopy is seldom revealing in patients who have spastic disorders of the esophagus, the endoscopic findings in the present case were unusual but consistent with the radiographic findings.

Sri Prakash Misra, MD, DM
Manisha Dwivedi, MD, DM
Subhas C. Gupta, MS
Motilal Nehru Medical College
Allahabad, India