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SERIAL ENDOSCOPIC BALLOON DILATATION FOR ESOPHAGEAL ACHALASIA: A CASE REPORT

[1] M. Yogie Tri Prabowo, [2] Emilia Rosita
[1]Medical Doctor, [2]Digestive Surgeon, Head of Emergency Departement, dr. Ramelan Naval Central Hospital, Indonesian Navy
myogietriprabowo@gmail.com

Background: Achalasia is an esophageal motility disorder characterized by abnormal peristalsis and insufficient relaxation of the lower esophageal sphincter. **Case Presentation:** A 51-year-old male presented to the emergency room with dysphagia, nausea, vomiting, and a 30-kg weight loss over 1.5 years. Upper gastrointestinal endoscopy revealed Type II achalasia, while endoscopic biopsy identified a Type III hiatal hernia, with pathological examination demonstrating squamous hyperplasia. An esophagram showed achalasia involving the distal esophagus. A CT scan revealed esophageal dilatation at the level of the seventh thoracic vertebra (T7), measuring 4.6 × 2.5 cm. **Intervention:** The patient received nutritional support with a liquid diet and underwent upper gastrointestinal endoscopy followed by serial endoscopic balloon dilatation performed in three sessions. Balloon dilatation was carried out using a graded approach with progressive balloon diameters to reduce lower esophageal sphincter pressure while minimizing the risk of esophageal perforation. The patient was monitored clinically after each procedure, and no immediate procedure-related complications were observed. **Out come:** Following the final balloon dilatation session, the patient's symptoms improved markedly. Dysphagia, nausea, and vomiting were significantly reduced, allowing progression from a liquid diet to a regular diet. The patient experienced weight gain and was able to resume normal daily activities. **Conclusion:** Following the third balloon dilatation session, the patient's symptoms improved markedly. Dysphagia, nausea, and vomiting, allowing progression from a liquid diet to a regular diet. The patient experienced weight gain and successfully resumed normal daily activities.
Keyword: Serial Endoscopic Balloon Dilatation; Management; Esophageal Achalasia

INTRODUCTION

Esophageal achalasia is a rare primary esophageal motility disorder characterized by impaired relaxation of the lower esophageal sphincter (LES) and the absence of normal esophageal peristalsis. The condition results from progressive degeneration of inhibitory neurons within the myenteric plexus, leading to functional obstruction at the esophagogastric junction and subsequent esophageal dilatation. Clinically, patients commonly present with dysphagia to both solids and liquids, regurgitation, chest discomfort, and progressive weight loss.

The annual incidence of achalasia has been reported to range from approximately 0.3 to 1.63 cases per 100,000 population, with an increasing incidence observed in recent decades. Although achalasia can occur at any age, it most commonly affects adults between the ages