Atrial enlargement associated with non-valvular atrial fibrillation: an unusual cause of dysphagia and weight loss

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DESCRIPTION

A 71-year-old woman presented with a 2-month history of intermittent solid dysphagia and weight loss of 7 kg. She reported no difficulty with swallowing liquids and also denied any anorexia, vomiting, nausea or change in voice. In addition, she had no change in bowel habit, jaundice or pale stools. Her medical history included paroxysmal atrial fibrillation and non-ischaemic dilated cardiomyopathy of 10-year duration, which was managed using multiple antiarrhythmic medications. She has no history of rheumatic fever. An oesophagogastroduodenoscopy showed pulsatile external compression in the lower oesophagus at 32 cm from the incisors with normal overlying mucosa (figure 1). CT of the chest confirmed cardiomegaly with left atrial enlargement indenting the adjacent oesophagus (figure 2), with no evidence of thoracic or abdominal aneurysm. The patient's echocardiogram showed biventricular and biatrial enlargement with left ventricular ejection fraction of 10%, but with no evidence of significant mitral stenosis. A barium swallow confirmed indentation of the lower oesophagus by the left atrium, causing a moderate degree of obstruction. The patient was managed on a soft diet including purées and soups, as she was unable to tolerate solid foods. Dysphagia secondary to left atrial enlargement is often seen in Ortner's syndrome¹ in the context of post-rheumatic mitral stenosis with associated recurrent laryngeal nerve compression. Isolated dysphagia secondary to an

Figure 2 Chest CT showing enlarged left atrium compressing posteriorly (indicated by arrow) on oesophagus.

enlarged left atrium without evidence of recurrent laryngeal nerve palsy, termed 'cardiovascular dysphagia',² can also occur, as in this case, but usually in the context of significant mitral stenosis.²

Learning points

- ▶ Left atrial enlargement is an uncommon cause of dysphagia.
- ▶ Such dysphagia can be seen with voice hoarseness in Ortner's syndrome or without voice hoarseness in 'cardiovascular dysphagia'.
- ▶ Management of dysphagia secondary to atrial enlargement is symptomatic.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 Oesophagogastroduodenoscopy image showing external compression of oesophagus by pulsatile mass (indicated by arrow).

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