

OESOPHAGEAL DISEASES

Radiography

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- As a posterior mediastinal structure, the oesophagus is normally - obscured on plain radiographs by other structures such as the - spine, major vessels, airway and heart. However, this simple imaging test often gives clues of major pathologies, such as a dilated oesophagus with a fluid level in advanced achalasia (Figure 66.4) or pneumomediastinum and pleural effusion in oesophageal perforation (Figure 66.5). Radio-opaque foreign - bodies can also be seen. A barium contrast swallow can - demonstrate narrowing, anatomical distortion or abnormal oesophageal motility . It is however inaccurate in the diagnosis of GORD and should not be used for this purpose. Computed tomography (CT) scanning is important in the staging of a malignant neoplasm, delineating the anatomical relationship with other mediastinal structures, or detecting surgical site - infection and extraluminal gas densities (Figure 66.6). When used in conjunction with oral contrast, CT is sensitive in iden - tifying perforation and leakage. -

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