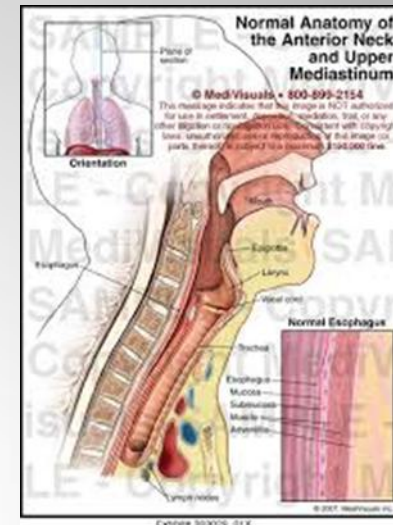
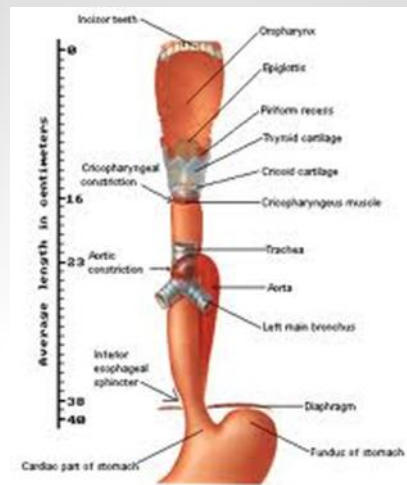
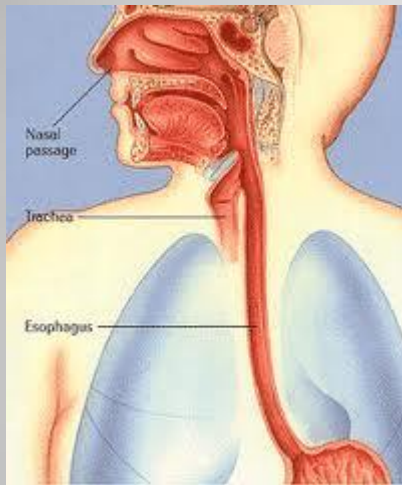
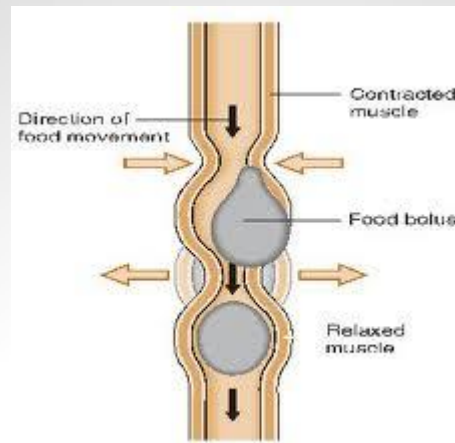


Esophagus



Physiology

- 1- 3rd stage of deglutition
- 2- protection – closed at rest



Investigation



Figure 1 - Esophagram revealed tapering of the esophagus close to the cardia, obstructing the passage of the contrast, dilatation of the esophageal body and presence of air-fluid level



Figure 1 - Esophagoscopy examination upon hospitalization. A dark red superficial, sessile mass protrudes into the lumen and extends from the mid intrathoracic esophagus (A) to the lower intrathoracic esophagus (B).



Dysphagia



Difficult swallowing

Mechanical or functional (globus)

Congenital- traumatic- inflammatory-
neoplastic and neuromuscular

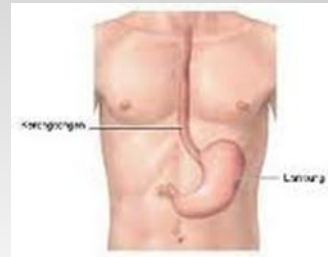
Oral – pharyngeal – esophageal

Lumen – wall – outside (neck, chest,
abdomen)

Investigation + Treatment

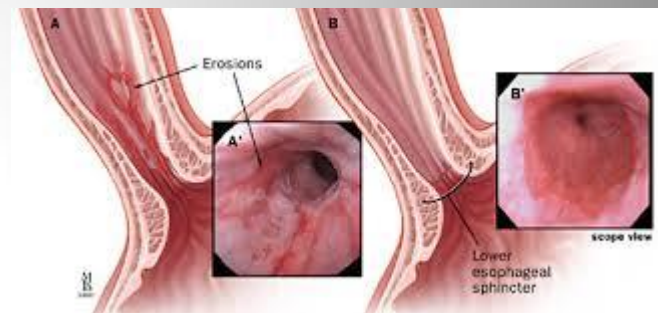
Esophagus

Corrosive esophagitis



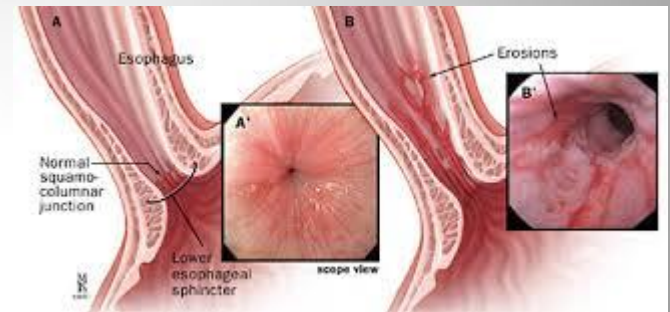
Corrosive esophagitis

- Chemical injury
- 3 stages I- shock stage
- II- quiescent stage
- III- stricture stage
- Dilatation
- Colon by pass



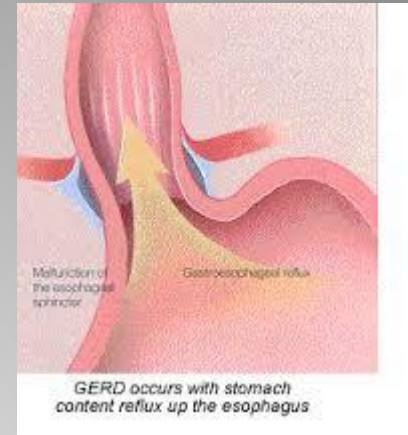
Corrosive esophagitis

- Two phases
- 1- acute phase - shock
- 2- chronic phase – stricture



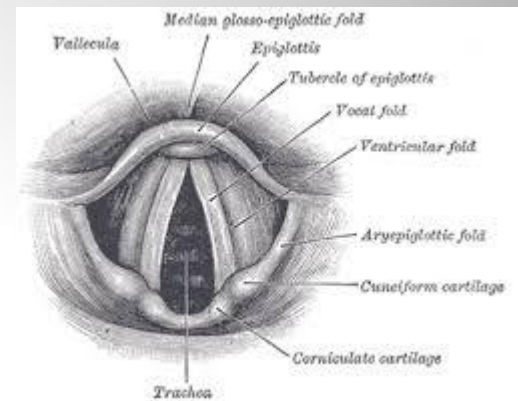
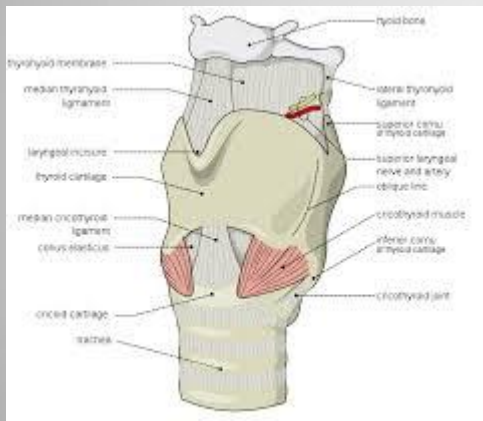
Gastro-esophageal reflux disease (GERD)

- Incompetence of lower esophageal sphincter
- Heart burn + Globus pharynges
- Anti-acid



larynx

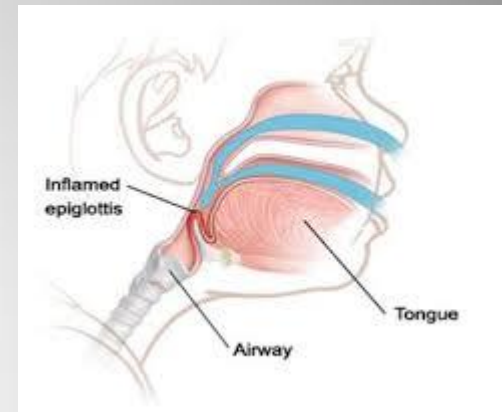
- Voice box
- Cartilages + muscles + nerves
- protect airway



stridor



- Difficult noisy breathing due to partial laryngeal obstruction
- Supralaryngeal + infralaryngeal (tracheal)
- laryngeal
- Cong, trau..



Stridor in infants

- 1- congenital
- 2- F.B.
- 3- diphtheria + acute epiglottitis
- 4- tumors – papilloma
- 5- pseudo croup



Congenital laryngeal web

- Anterior fibrous band between VC
- Failed canalization
- weak cry, Hoarseness + inspiratory stridor
- Direct microlaryngo surgery



Congenital laryngeal stridor

- **Laryngomalacia**
- **Infantile larynx**
- **Larynx folded upon-
itself**



Reassurance

TRACHEOSTOMY

- **Surgical opening in cervical trachea**

- **Indications**

- **1- Obstruction**

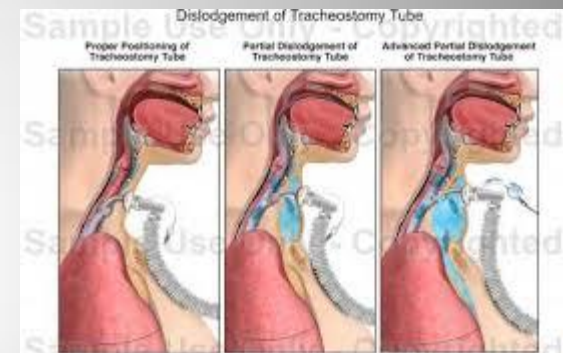
- **A- mechanical B- secretory**

- **2- Preoperative**



TRACHEOSTOMY

- **Types**
- 1- elective or emergency
- 2- high – mid – low
- 3- cuffed or not
- 4- single – double
- 5- metal - silastic



TRACHEOSTOMY

- **Postoperative care**
- 1- semi-sitting position
- 2- O₂
- 3- fluids
- 4- observation
- 5- suction

TRACHEOSTOMY

- **Complications**
- 1- anesthesia
- 2- bleeding
- 3- pulmonary complications
- 4- injuries
- 5- difficult decannulation