

PROCEDURES PERFORMED: ,

Esophagogastroduodenoscopy.,PREPROCEDURE

DIAGNOSIS: , Dysphagia.,POSTPROCEDURE DIAGNOSIS:

, Active reflux esophagitis, distal esophageal stricture, ring
due to reflux esophagitis, dilated with balloon to 18

mm.,PROCEDURE: , Informed consent was obtained prior to
the procedure with special attention to benefits, risks,

alternatives. Risks explained as bleeding, infection, bowel
perforation, aspiration pneumonia, or reaction to the

medications. Vital signs were monitored by blood pressure,
heart rate, and oxygen saturation. Supplemental O2 given.

Specifics of the procedure discussed. The procedure was
discussed with father and mother as the patient is mentally

challenged. He has no complaints of dysphagia usually for
solids, better with liquids, worsening over the last 6 months,

although there is an emergency department report from last
year. He went to the emergency department yesterday with

beef jerky.,All of this reviewed. The patient is currently on
Cortef, Synthroid, Tegretol, Norvasc, lisinopril, DDAVP. He is

being managed for extensive past history due to an

astrocytoma, brain surgery, hypothyroidism, endocrine

insufficiency. He has not yet undergone significant workup.

He has not yet had an endoscopy or barium study performed.

He is developmentally delayed due to the surgery,

panhypopituitarism.,His family history is significant for his

father being of mine, also having reflux issues, without true
heartburn, but distal esophageal stricture. The patient does

not smoke, does not drink. He is living with his parents. Since

his emergency department visitation yesterday, no significant complaints., Large male, no acute distress. Vital signs monitored in the endoscopy suite. Lungs clear. Cardiac exam showed regular rhythm. Abdomen obese but soft. Extremity exam showed large hands. He was a Mallampati score A, ASA classification type 2., The procedure discussed with the patient, the patient's mother. Risks, benefits, and alternatives discussed. Potential alternatives for dysphagia, such as motility disorder, given his brain surgery, given the possibility of achalasia and similar discussed. The potential need for a barium swallow, modified barium swallow, and similar discussed. All questions answered. At this point, the patient will undergo endoscopy for evaluation of dysphagia, with potential benefit of the possibility to dilate him should there be a stricture. He may have reflux symptoms, without complaining of heartburn. He may benefit from a trial of PPI. All of this reviewed. All questions answered.,