

A patient comes to clinic with a painless, movable lump in the parotid gland. What is the most common etiology of this finding?

What are its characteristics?

Salivary gland tumor - pleomorphic adenoma

benign with high rate of recurrence

What salivary gland tumor has a lymphatic component?

Warthin's tumor

benign heterotopic salivary gland tissue trapped in lymph node, surrounded by lymphatic tissue

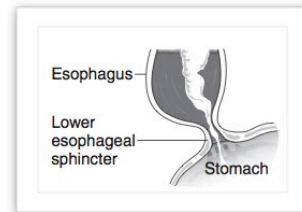
What is the most common malignant salivary gland tumor?

Mucoepidermoid carcinoma

What is the cause of achalasia?

Failure of relaxation of the lower esophageal sphincter due to loss of myenteric (Auerbach's) plexus

What is the pathophysiology of achalasia?



High lower esophageal sphincter pressure (failure of relaxation) + uncoordinated peristalsis -> progressive dysphagia

A patient who has recently recovered from an infectious disease presents with progressive dysphagia. What is the disease and cause?

Secondary achalasia arising from Chagas' disease

How is esophageal dysmotility in CREST syndrome different from achalasia?

CREST esophageal dysmotility involves low pressure proximal to lower esophageal sphincter

achalasia has high LES opening pressure



A patient with difficulty swallowing food has the following barium swallow imaging. What is the sign? What is the pathology?

"Bird's beak" - dilated esophagus with an area of distal stenosis

Achalasia

Is achalasia a pre-cancerous lesion?

associated with increased risk of esophageal carcinoma

A patient presents with nocturnal cough and heartburn. What is the esophageal pathology?

Gastroesophageal reflux disease (GERD)

A patient presents with painless upper GI bleeding. What is the esophageal pathology?

Esophageal varices
painless bleeding
submucosal veins in
lower 1/3 of esophagus

A patient presents with painful hematemesis after a night of heavy drinking. What is the esophageal pathology?

Mallory-Weiss syndrome
painful mucosal
lacerations at the
gastroesophageal junction
due to severe vomiting