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**An unexpected outcome from a large weight loss case**

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**Background & Aim:** Weight loss may be a presenting symptom in a variety of clinical conditions. That's why a complete clinical history and a full physical exam are essential to correctly diagnose.
Case Presentation: A 65 year-old men, with history of hypertension, atrial fibrillation, heart failure and alcoholism, complained in a routine consult with his family physician (FP) of weight loss and anorexia, without other symptoms. After observation, blood tests and an abdominal ultrasound (US) were requested.
After 5 months the patient returned to FP to show the test results, which were normal, however the complaints persisted. in the physical exam he just showed a 9kg weight loss. Furthermore, in this consultation an upper gastrointestinal endoscopy (UGE) and a faecal occult blood screening were requested.
The patient returned nine days later, displaying vomiting complaints after all meals and further weight loss, amounting to 12 kg since the onset of symptoms. Considering the increase in the complaints and the fact that the ordered exams have still to be carried out, he was sent to the Hospital's Emergency Department (HED).
At the HED a gastroenterologist performed an UGE, which revealed a dilated esophagus with retained food and secretions. As a result the patient was hospitalized, where a computed tomography and an esophageal manometry were done to him. The final diagnosis was achalasia.
**Conclusions:** Achalasia, a rare disorder, is a primary esophageal motor disorder of unknown etiology characterized by insufficient lower esophageal sphincter relaxation and loss of esophageal peristalsis. This results in patients' complaints of dysphagia to solids and liquids, regurgitation, and occasional chest pain with or without weight loss.
Notwithstanding the weight loss being initially misinterpreted as a malignant disease, it's always important for prognosis to remember to exclude this hypothesis first.
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