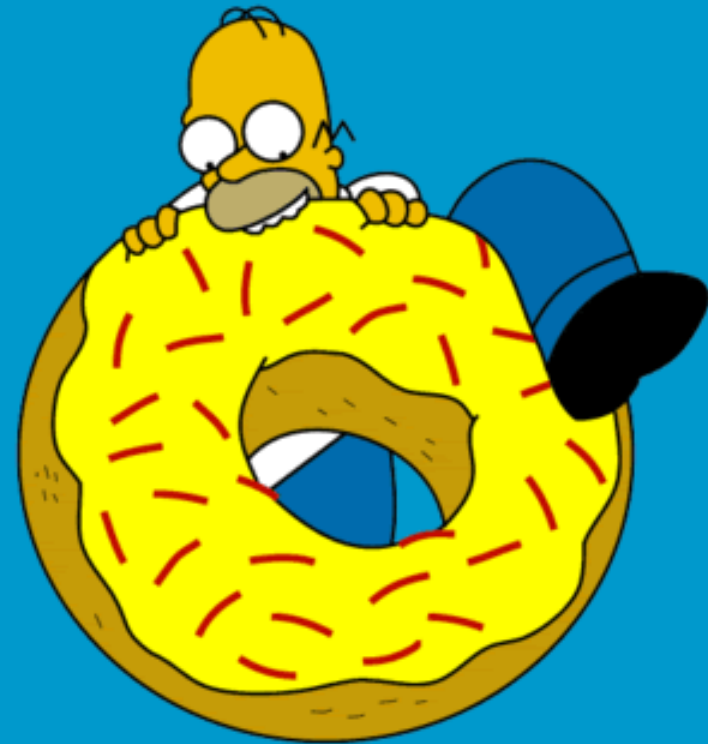


DYSPHAGIA

David Pothier
MRCS DOHNS
SpR ENT

Louise Bredenkamp
B Comm Path
Speech Therapist



Dysphagia Definition

- Difficulty in moving food from mouth to stomach.
- Swallowing: entire act of deglutition from placement of food in the mouth through the oral, pharyngeal and oesophageal stages of swallowing.

Context

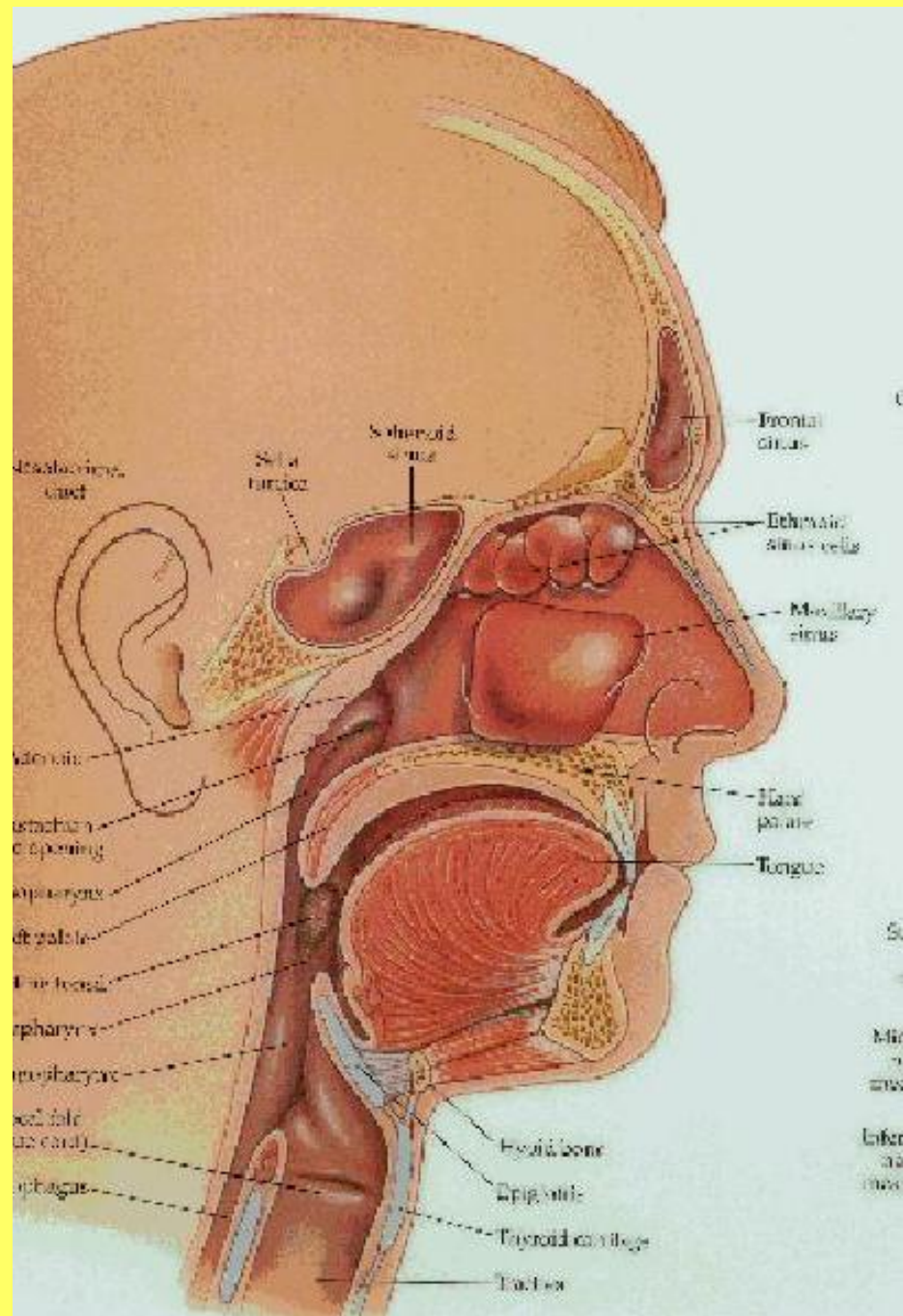
- Swallowing: complex process.
- Incidence: high in certain populations
Eg elderly , CVA, GORD
- Associated with many different conditions.
- Huge impact on QOL.
- Important with relation to nutritional state.
- May indicate sinister pathology.

Stages of swallowing

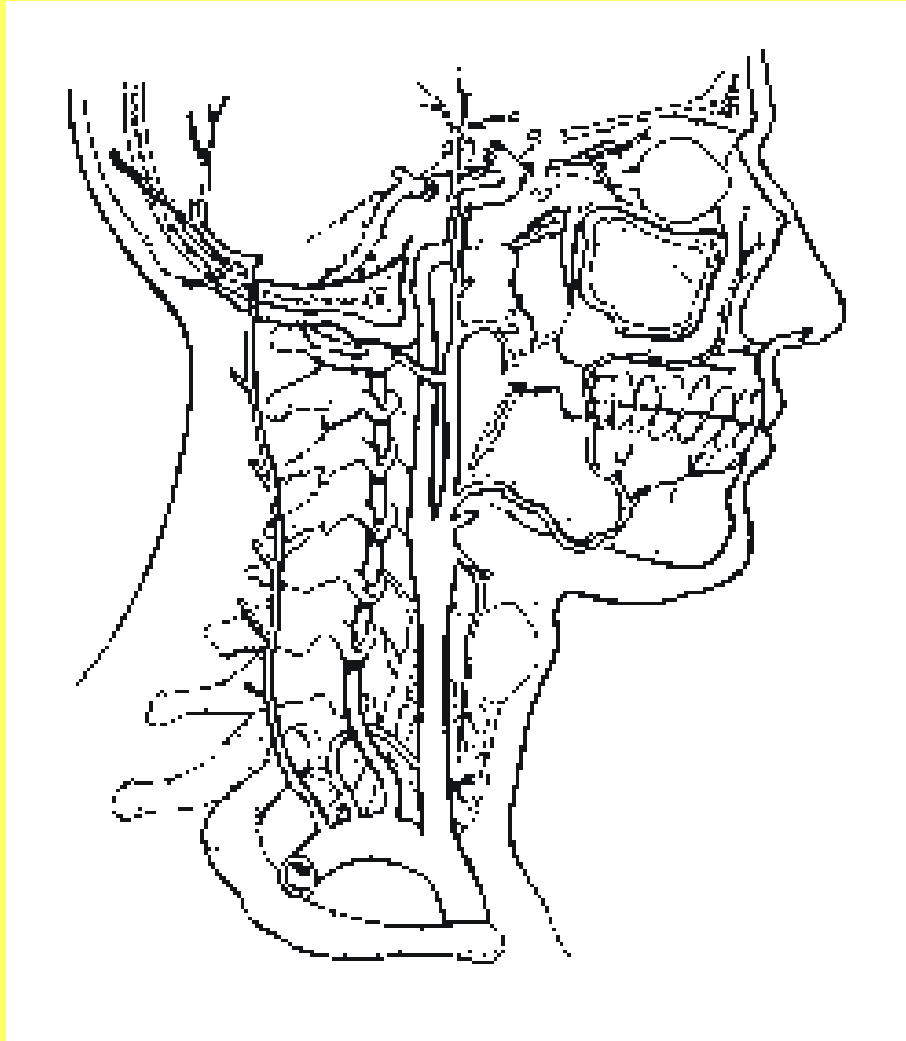
(Logemann)

- Oral Preparatory
- Oral
- Pharyngeal
- Oesophageal

Duration & characteristics of each phase depends on consistency and volume of food/drink taken.



Anatomy and physiology as part of the stages of swallowing

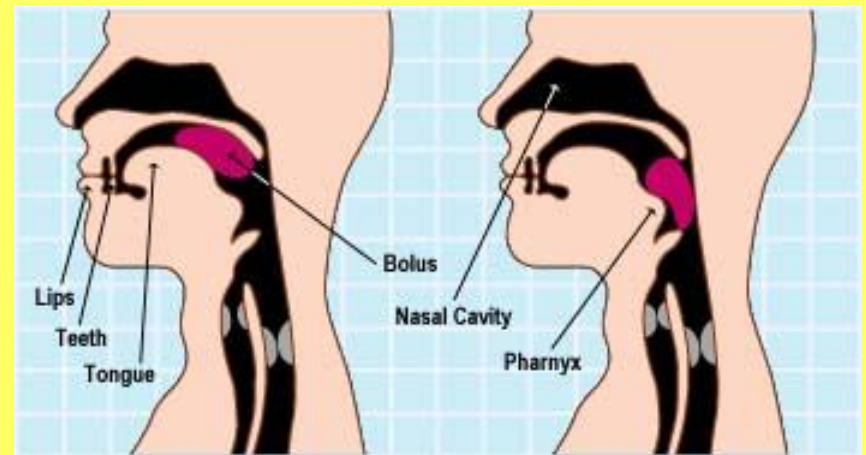


Oral preparatory phase

- Food is manipulated in the mouth and masticated if necessary, reducing it to a consistency ready for swallow.
- Cranial nerves:
 - I: smell
 - V: Mandibular movement
 - VII: elevation of hyoid and tongue base
 - XI: tongue
 - XII: intrinsic & extrinsic tongue muscles

Oral phase

- Tongue propels food posteriorly until until the pharyngeal swallow is triggered.
- Cranial nerves:
 - V: soft palate elevation
 - VII: elevation of tongue base
 - Accessory: soft palate, tongue
 - Hypoglossal



Pharyngeal phase

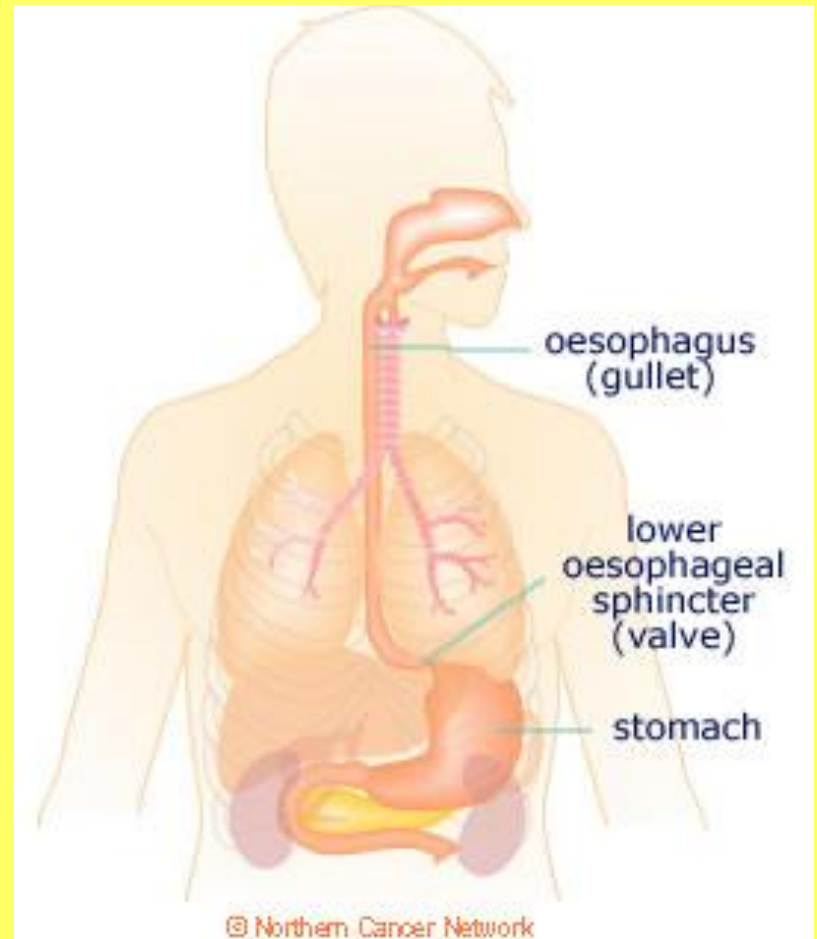
- Pharyngeal swallow is triggered and the bolus moves through the pharynx.
- Cranial nerves:
 - V: Elevation of larynx
 - VII: elevation of hyoid.
 - X: pharyngeal constrictors, cricopharyngeus, vocal folds
 - XI: pharynx
 - XII: hyoid and larynx

Oesophageal phase

- Oesophageal peristalsis carries the bolus through the cervical and thoracic oesophagus and into the stomach.

Pathologies

- Lesion at any of stages
- Each stage can suffer a wide range of pathologies



Classification

- Structural
- Neurological
- Medication
- Other
- Also:
 - Environmental
 - Psychological (psychosomatic dysphagia, globus sensation etc.)

Structural

- Oral
- Pharyngeal
- Laryngeal
- Oesophageal

Important structural causes

- Congenital (eg cleft lip/palate, laryngeal cleft, tracheo-oesophageal fistula)
- Acquired
 - Inflammatory (eg pharyngitis, oesophagitis)
 - Traumatic (eg ill fitting dentures, foreign body)
 - Neoplastic (eg Sq Ca)
 - Other (GORD, pharyngeal pouches)

Neurological

- Congenital
- Aquired
 - Disorders from which recovery can be anticipated:
 - CVA/TIA
 - Closed head trauma
 - Cervical Spinal Cord Injury
 - Post surgery
 - Poliomyelitis
 - Guillian-Barre
 - CP
 - Dysautonomia

– Neuro-degenerative diseases

- parkinsons
- Alzheimers
- Dementia
- ALS
- Postpolio syndrome
- MS
- Myasthenia Gravis
- Muscular Dystrophy
- Dystonia
- Dermatomyositis

Medication

NB:

- NSAIDS
- Anti-cholinergics
- Sympathomimetics



Other

- Rheumatoid arthritis
- Osteophytes



Environmental & psychological

- Environmental
 - Dislike food/drink given
 - Distractions in the environment
- Psychological
 - Psychosomatic dysphagia
 - Globus sensation



History

- Age
- Presenting Symptoms
 - Can't recognise food, diff placing food in mouth, diff in controlling food in mouth, coughing before, during or after swallow, frequent cough toward end of meal, recurring pneumonia, gurgly voice,
 - Which consistencies
 - Length of onset

- Associated symptoms
 - Otalgia
 - Odynophagia
- Social History
 - Smoking, loss of weight, occupation
- Past medical history
 - (GORD)
- Medications & allergies

Examination

- Full ENT examination
 - Ears (effusion, retracted TM)
 - Nose (severe sinusitis, post nasal space lesions)
 - Oropharynx (all mucosal surfaces)
- Visualisation of the larynx
 - Nasoendocopy and/ indirect laryngoscopy

How to investigate?

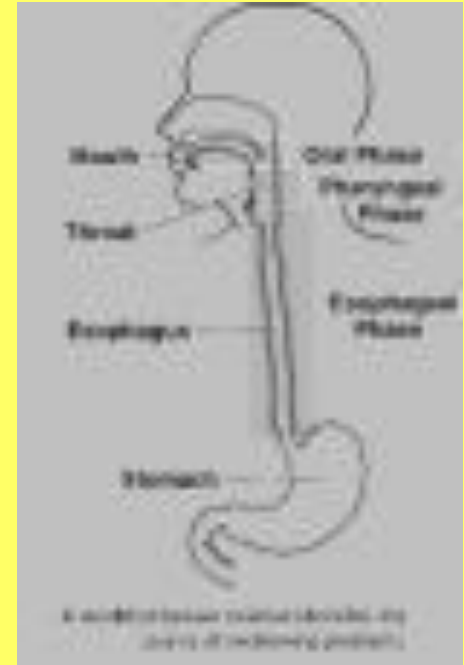
- Sensation only with no risks:
 - ? PPI and ?review
- Other factors (any)
 - Ba Swallow or 'Panendoscopy'
- These normal - reassure

Investigations

- Barium swallow
- Direct laryngopharyngo-oesophagoscopy
- OGD

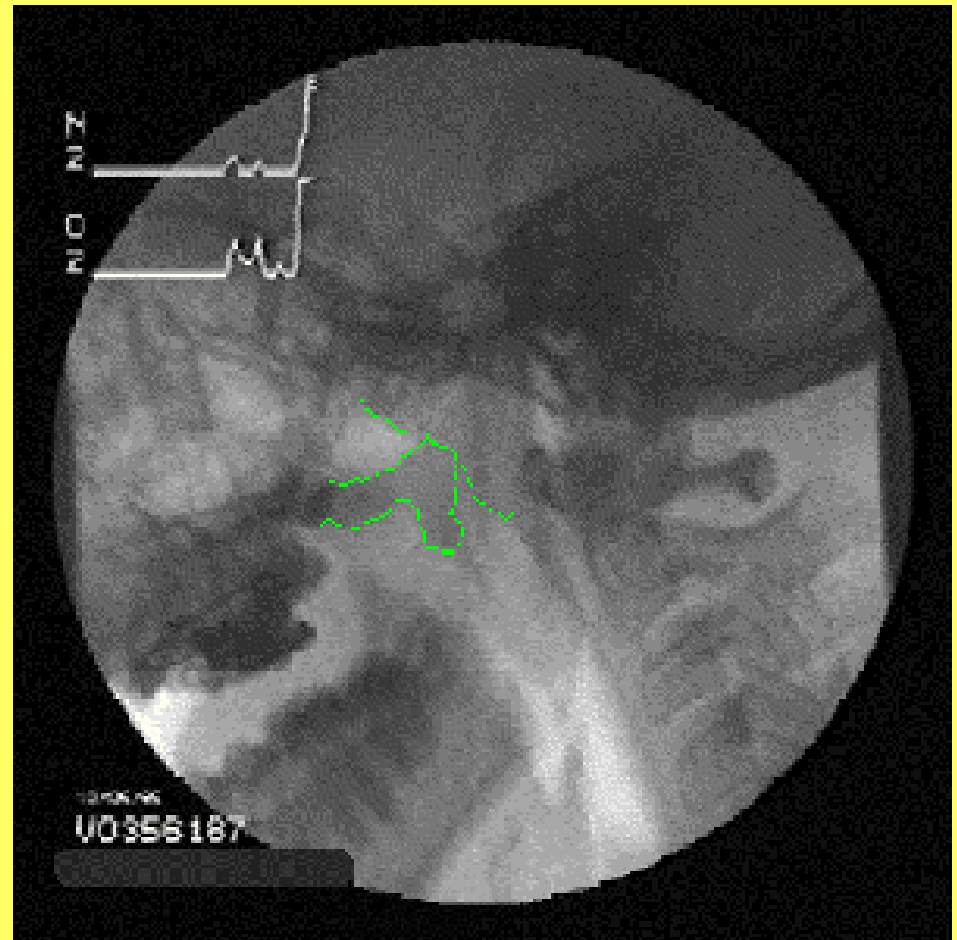
If positive findings CT/MRI of neck.

- If neurological cause suspected/known refer to medical team.



- Ultrasound: to observe tongue function and to measure oral transit times as well as the motion of the hyoid bone.
- Videoendoscopy: anatomy of oral cavity and pharynx, examine the pharynx and larynx before and after swallowing
- Videofluoroscopy: most frequent used technique in the assessment of oropharyngeal swallow.

Imaging studies

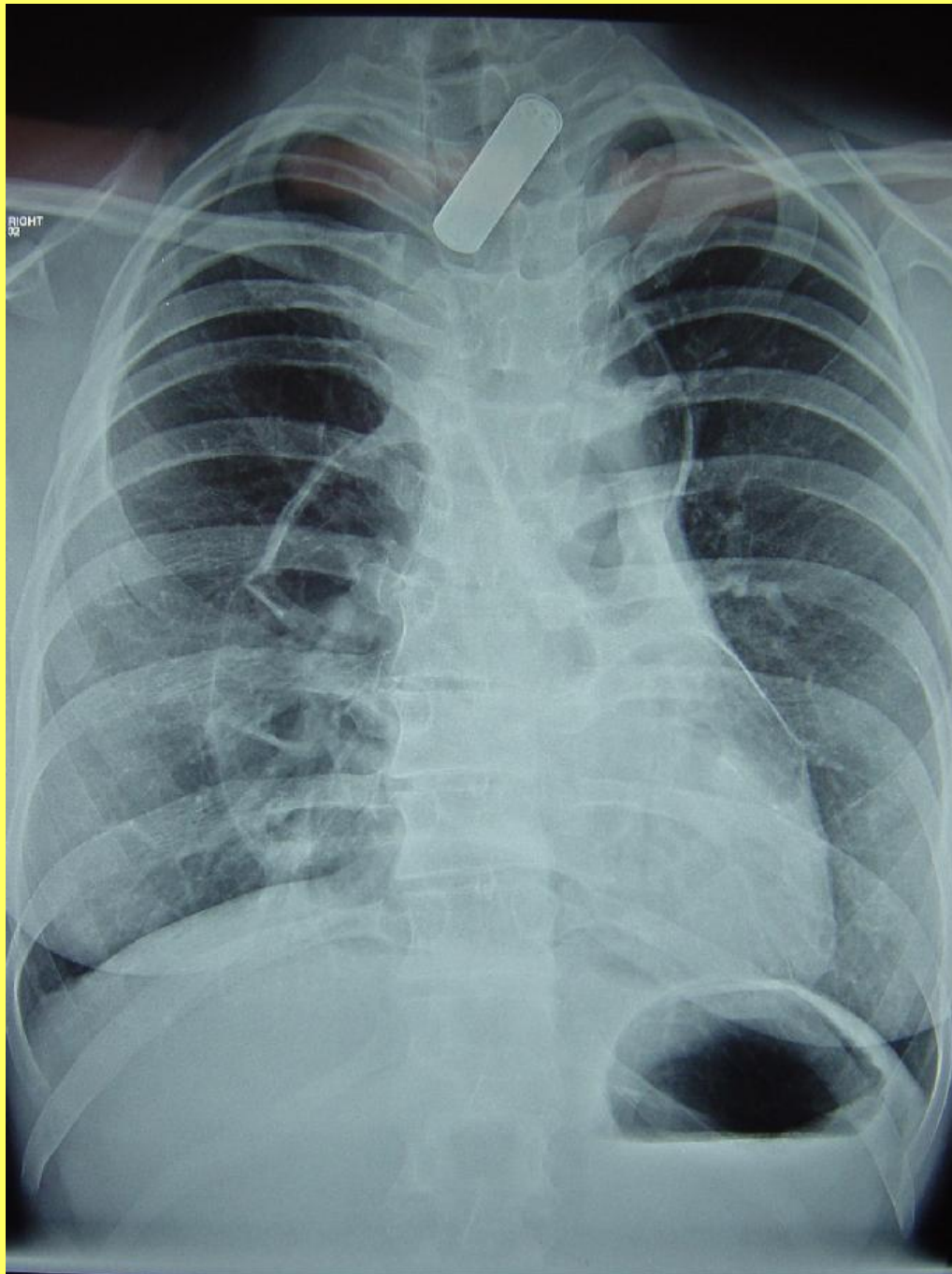


Non-imaging

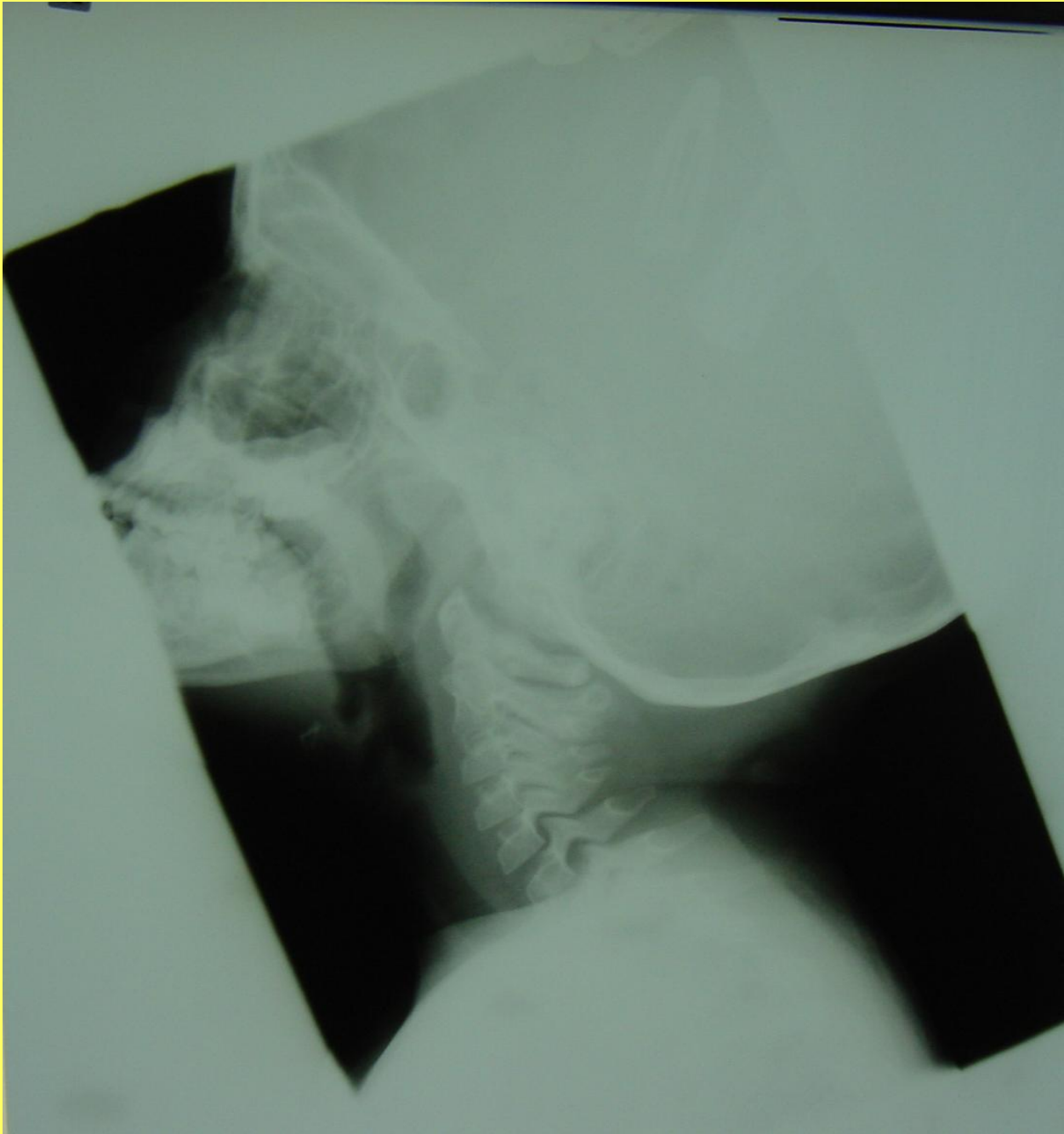
- EMG
- EGG
- Cervical Auscultation
- Pharyngeal manometry











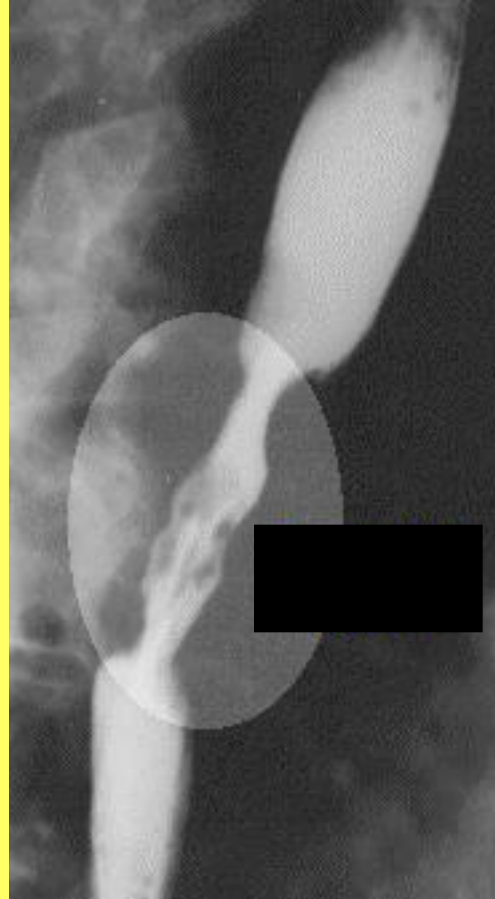




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Treatment

- Exclude malignancy
- No organic cause –
try PPI, SpTp, reassure
- Organic cause
treat specific lesion

Conclusion

- Thorough Examination
- Appropriate Ix
- Early SpTp referral
- Regular review of status