## Aetiology of dysphagia

- **Intraluminal:**
  - Foreign body
  - Polypoid tumour

- **Intramural:**
  - Benign stricture – GORD, caustic, radiotherapy
  - Malignant stricture
  - Tumour
  - Oesophagitis
  - Oesophageal spasm
  - Scleroderma
  - Pharyngeal pouch
  - Plummer-Vinson web
  - Schatzki ring
  - Achalasia (failure of lower oesophageal sphincter relaxation)

- **Extra-mural:**
  - Lymph nodes
  - Rolling hiatus hernia
  - Retrosternal goitre
  - Bronchial carcinoma
  - Thoracic aortic aneurysm
  - Enlarged left atrium

- **Systemic:**
  - Myasthenia gravis
  - Stroke/TIs
  - Bulbar/pseudobulbar palsy
  - Syringobulbia
  - Parkinson’s
  - Bulbar polio

## History in dysphagia

- **Presenting complaint**
  - Difficulty in swallowing

- **History of presenting complaint**
  - Onset
  - Progression
    - Gradual and progressive or intermittent (spasm or achalasia)
  - Solids/Liquids/Both
    - And was there dysphagia to both right from the start?
  - Odynophagia (pain on swallowing – cancer, oesophagitis or spasm)
  - Is initiation of swallowing difficult
    - Think bulbar palsy
  - Associated reflux/water brash symptoms
  - Regurgitation of food
  - Level where the food sticks
  - Constitutional symptoms
    - Weight loss, night sweats, anorexia

- **Past medical history**
  - Gastrointestinal surgery
Barrett's oesophagus (premalignant condition for oesophageal carcinoma)
- Neuromuscular disease
- Hypertension
- Cardiovascular disease
- Rheumatological disease

- Medications
  - Bisphosphonates
  - NSAIDs
  - Steroids

- Allergies

- Family history
  - Oesophageal carcinoma

- Social history
  - Alcohol consumption
  - Smoking

Examination of dysphagia
- Anaemia
- Lymphadenopathy
- Cachexia
- Jaundice/Hepatomegaly – liver metastases
- Scleroderma

Initial investigations in dysphagia
- Blood tests:
  - Full blood count and haematinics
  - Urea and electrolytes
  - Liver function tests
- Chest x-ray
- Upper GI endoscopy (plus biopsy)
- Barium swallow

Further management of dysphagia will depend on the cause but can include
- Oesophagectomy (for early stage carcinoma)
- Endoscopic dilatation for strictures
- Antibiotic/antifungals for oesophagitis
- Oesophageal manometry testing for achalasia
- Treatment of any underlying systemic condition

Common questions concerning dysphagia
- Which red flag symptoms would make you think of a malignant cause?
  - Progressive (painful) dysphagia to solids and then liquids with associated constitutional symptoms
- What is the characteristic finding on barium swallow in achalasia?
  - ‘Bird-beak sign’ – tapering of the distal end of the oesophagus