

## Presentation of dysphagia

### 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 of oesophageal sphincter relaxation)
- Extra-mural:
  - Lymph nodes
  - Rolling hiatus hernia
  - Retrosternal goitre
  - Bronchial carcinoma
  - Thoracic aortic aneurysm
  - Enlarged left atrium
- Systemic:
  - Myasthenia gravis
  - Stroke/TIAs
  - 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 (pre-malignant 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