

In The Name Of God



db446250-2a00-46da-91ff-18302ff07503.jpg

1 DEFINITIONS – The terms dysphagia, odynophagia, and globus sensation are defined as follows:

- Dysphagia is a subjective sensation of difficulty or abnormality of swallowing.

Odynophagia

Pain in swallowing+

- Globus sensation is a functional esophageal disorder characterized by a sensation of a lump, tightness or retained food bolus in the pharyngeal or cervical area that is not due to an underlying structural

ACUTE



DYSPHAGIA — The acute onset of inability to swallow solids and/or liquids, including secretions, suggests impaction of a foreign body in the esophagus and requires immediate

⁵Food impaction is the most common cause for acute onset of dysphagia in adults. (See

Clinical ۶

presentation — Patients usually develop symptoms after ingesting meat (most commonly beef, chicken, and turkey), which completely obstructs the esophageal lumen,

Management — The food bolus can be removed during upper endoscopy using grasping devices (either en bloc or piecemeal, depending upon the consistency of the bolus), or it can be

consistency of the bolus), or it can be gently pushed into the stomach using an endoscope [7,9]. Endoscopic management of food impaction is discussed in detail separately. (See

EVALUATION OF NONACUTE DYSPHAGIA


**Distinguishing
oropharyngeal
from esophageal
dysphagia – The**

9dysphagia — The first step in evaluating patients with nonacute dysphagia is to determine if the symptoms are due to oropharyngeal or esophageal dysphagia based on the patient's answers

Oropharyngeal dysphagia –

Oropharyngeal or
transfer

dysphagia is
characterized by
these features:

- 
- Patients have difficulty initiating a swallow.
 - Patients may point toward the cervical region as the

” the cervical region as the site of their symptoms.

- Swallowing may be accompanied by

۱۲ nasopharyngeal
regurgitation,
aspiration, and
a sensation of
residual food
remaining in
the pharynx.

- Oral
dysfunction
can lead to
drooling, food
spillage,
sialorrhea,
piecemeal
swallows, and

11 dysarthria.

- Pharyngeal dysfunction can lead to coughing or choking during food

14

**Esophageal
dysphagia –**
Patients with
esophageal
dysphagia
commonly
report the
following:

- 15 ● Difficulty swallowing several seconds after initiating a swallow, and

- 16 ● A sensation that foods and/or liquids are being obstructed in their passage from the upper esophagus to



17 Patients may point to the suprasternal notch or to an area behind the sternum as the site of obstruction. While

obstruction. While retrosternal dysphagia usually corresponds with the location of the lesion,

19
suprasternal
dysphagia is
commonly
referred from
below [11].

20 ● **Solid, liquid, or both?**—A critical component of the medical history is determining the types of food that produce symptoms (ie,

21 Dysphagia to solids only is usually present when the esophageal lumen is narrowed to 13 mm or less by a stricture.

- 
- 
- **Progressive or intermittent?**—It is important to ask if the symptoms are intermittent or are gradually progressive.

Progressive Dysphagia

- ▶ 1.Slowly Progressive
- ▶ Peptic Stricture due to:
 - ▶ GERD Or Radiation
- ▶ 2.Rapidly Progressive
- ▶ Less Than 6 mo
- ▶ CA Of Esophagus

23 Peptic

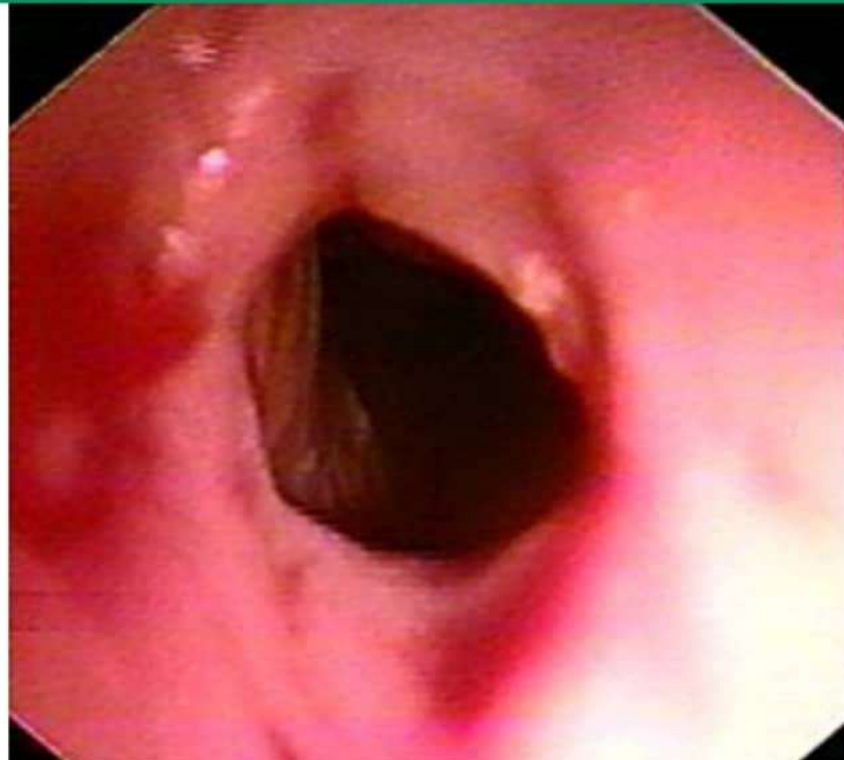
stricture — Peptic stricture is a complication of gastroesophageal reflux disease (GERD) and results from the healing process of erosive esophagitis. This

Dysphagia in GERD

- ▶ 1. PEPTIC STRICTURE
- ▶ Adeno carcinoma of esophagus
- ▶ Both seen in prolonged GERD

stricture

Peptic esophageal stricture



27



Esophagram
demonstrates 6 cm
long distal esophageal

29 Carcinoma — Cancer of the esophagus or gastric cardia is associated with rapidly progressive dysphagia, initially for solids and later for liquids. In addition, patients may have chest pain, odynophagia, anemia, anorexia, and

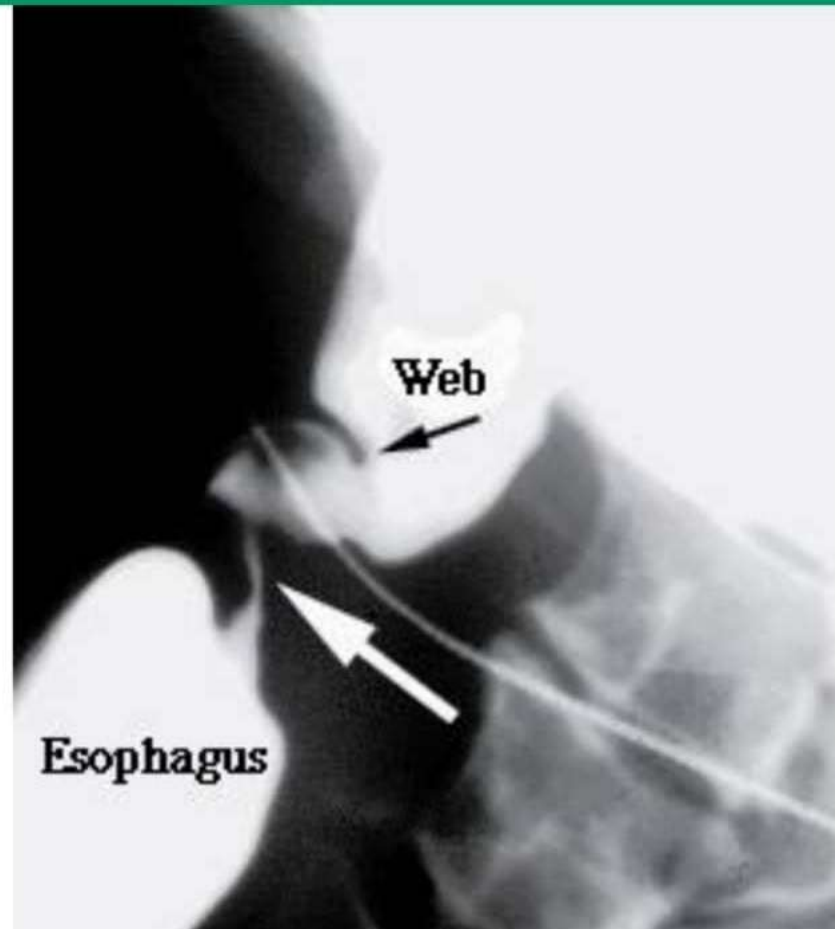
Alarm Signs in Dysphagia

- .Anemia
- .Wt loss 5% in 6 to 12 mo
- .G.I.B
- .Vomiting
- .Older Than 60 year
- .Anorexia
- Odynophagia.
- Chest pain
- Rapid progressive

Solids only with intermittent

symptoms – Dysphagia to solid foods only that is intermittent in nature may be caused by eosinophilic esophagitis, esophageal ring or web, or a vascular anomaly.

33 - Plummer Vinson syndrome

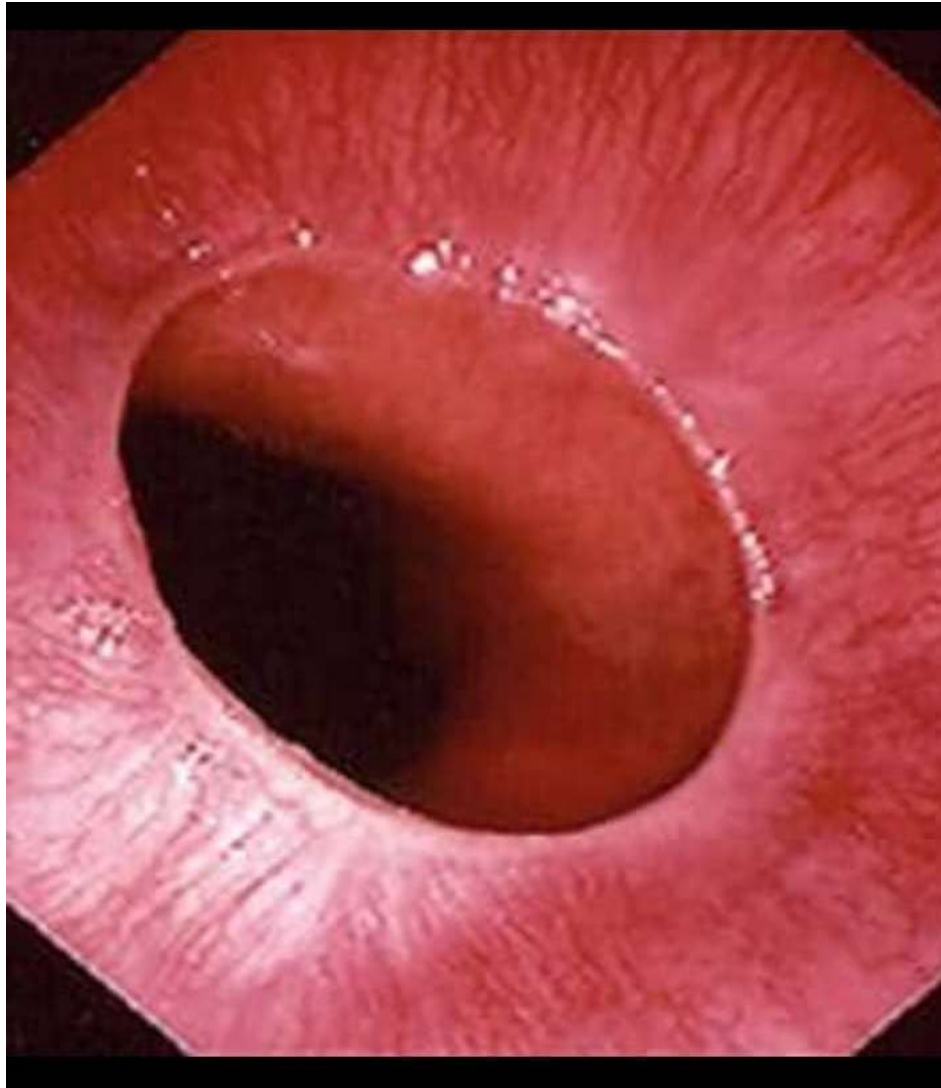


This barium swallow study obtained in a 53-year-old female with dysphagia and anemia demonstrates an upper esophageal web (black arrow) immediately above a tight stricture of the esophagus (white arrow).

Esophageal web on barium swallow







27

Liquid and/or solid dysphagia – Dysphagia to liquids alone or to solids and liquids may be related to either an esophageal motility disorder such as achalasia, distal esophageal spasm or hypercontractile

Achalasia – Primary achalasia is a disease of unknown etiology in which there is a loss of normal peristalsis in the distal esophagus and a failure of lower esophageal sphincter (LES) relaxation with

diagnosed in patients between 25 and 60 years. Men and women are affected with equal frequency. Progressively worsening dysphagia for solids (91 percent) and liquids (85 percent) and

regurgitation of bland, undigested food or saliva are the most frequent symptoms in patients with achalasia. Other symptoms include chest pain, heartburn, and difficulty

Achalasia

43

Achalasia



Dilation of the esophagus in a patient with achalasia (barium esophagram)



- **Hypertensive or spastic motility disorders:**

Esophageal manometry is obtained to establish the diagnosis of a spastic esophageal motility disorder.

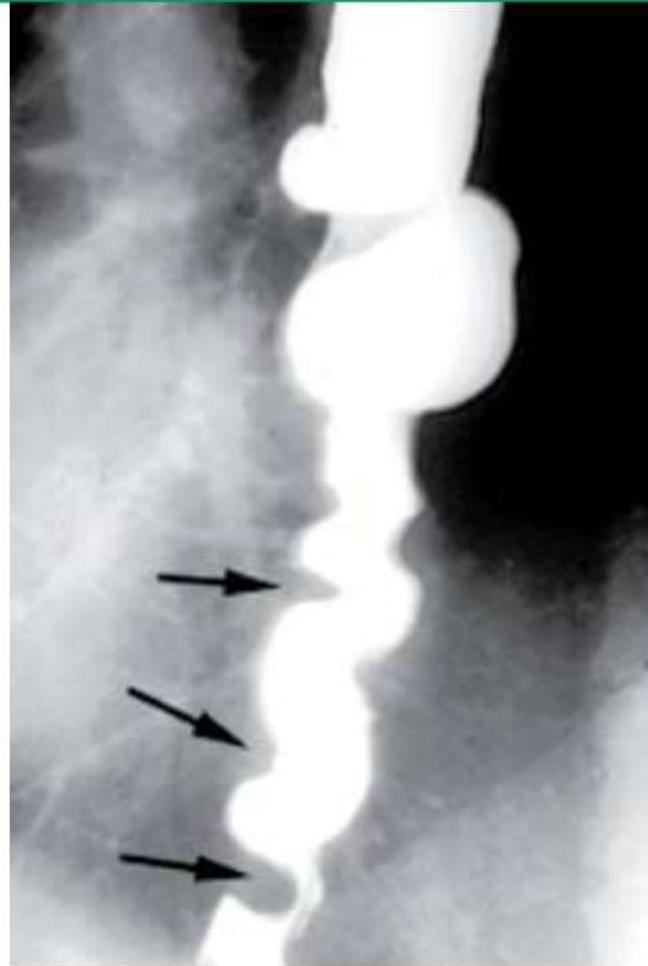
Corkscrew esophagus

Corkscrew esophagus



spasm

Diffuse esophageal spasm



51

Associated symptoms — Associated symptoms or findings can help to narrow the differential diagnosis. These

-
- Heartburn
 - Weight loss
 - Hematemesis
 - Anemia
 - Regurgitation
of food

Functional 46

dysphagia – According to the Rome IV criteria, functional dysphagia is defined by the following:

- 47 ● A sense of solid and/or liquid food lodging, sticking, or passing abnormally through the

- 48 ● No evidence that an esophageal mucosal or structural abnormality is the cause of the symptom.

49

- No evidence that GERD or eosinophilic esophagitis is the cause of the symptom.

50

- Absence of a major esophageal motor disorder (achalasia, esophagogas

51 All criteria must be fulfilled for the past three months with symptom onset at least six months prior to the diagnosis


53

should be reassured
and instructed to
avoid precipitating
factors and chew

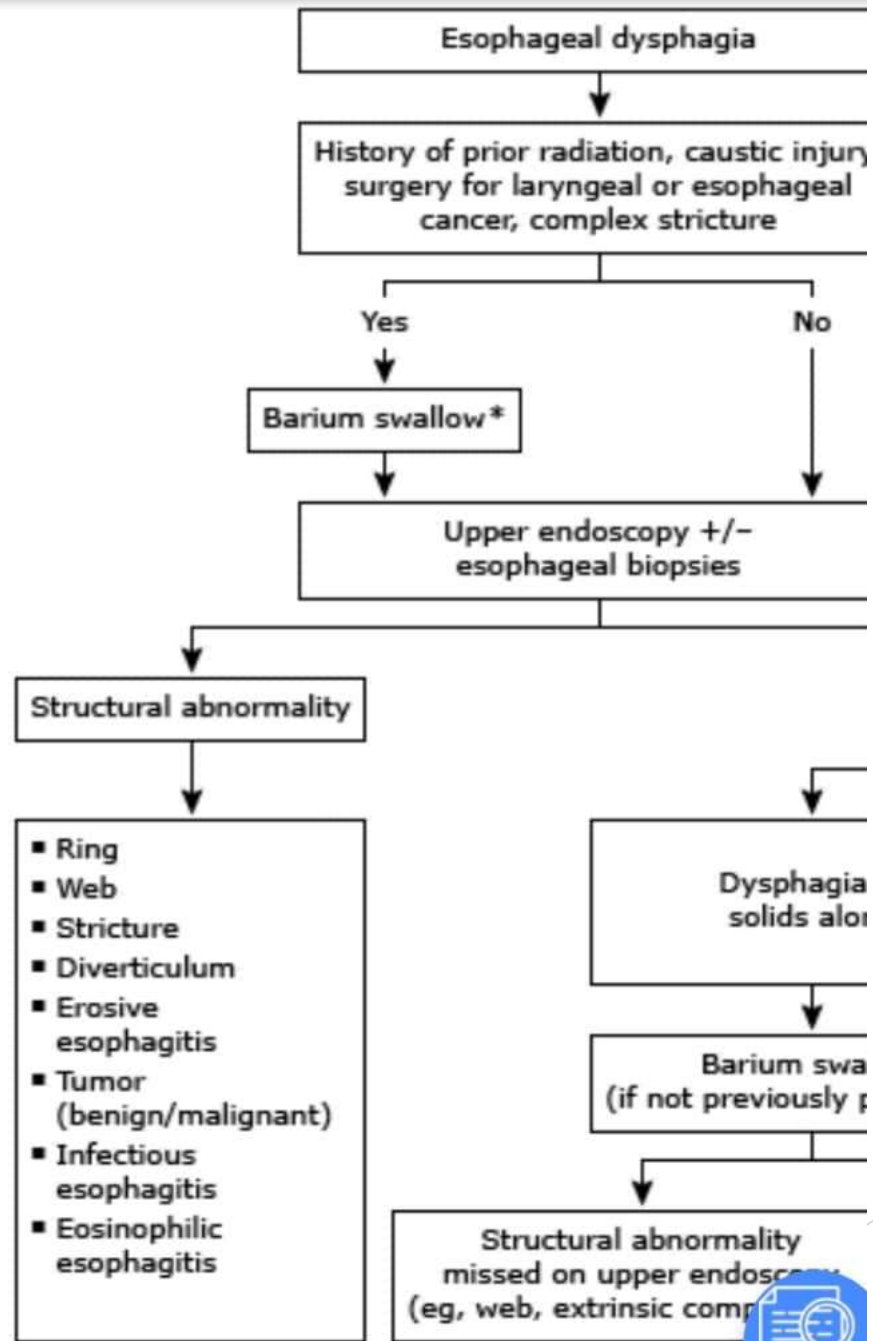
54 symptoms may
improve with time. In
patients with severe
symptoms, despite
these measures, a
trial of a smooth
muscle relaxant,
such as a calcium
channel blocker or

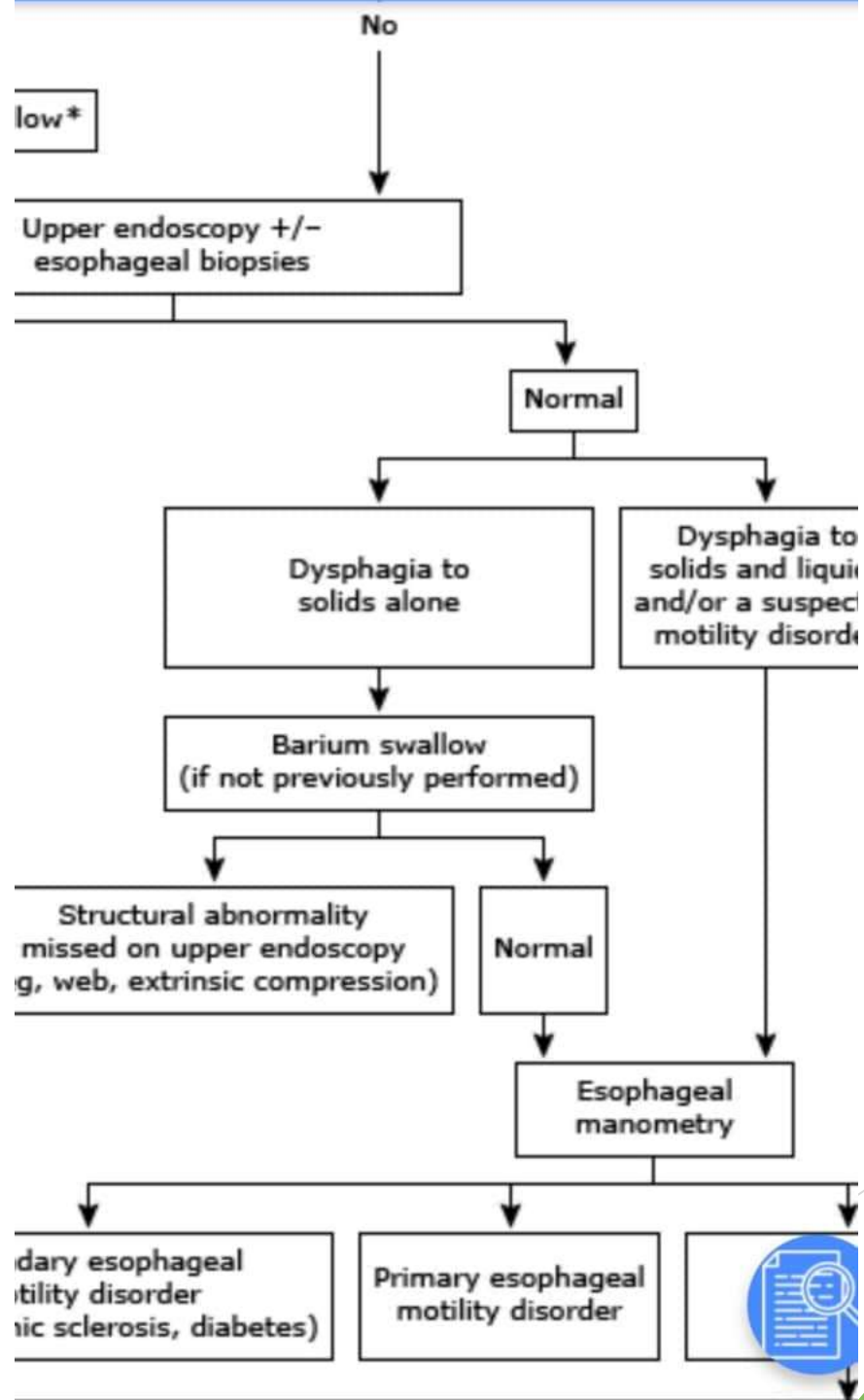
55

tricyclic antidepressant, can be offered. This approach is similar to the initial treatment of distal esophageal spasm,



Empiric dilation with
a mechanical (push-
type or Bougie)
dilator can be
offered, but symptom
response is variable.





The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern, layered effect. The word "END" is centered in the lower half of the image.

END