

# Approach to Patients with **Dysphagia** For Internists



รศ.พิเศษ นพ.เฉลิมรัฐ บัญชรเทวกุล  
Associate Professor of Medicine  
Division of Gastroenterology and Hepatology  
Rajavithi Hospital, Ministry of Public Health, Bangkok

## Dysphagia

- **Problems with the transit of food or liquid from the mouth to the hypopharynx or through the esophagus**
  - Esophageal vs oropharyngeal
- **Other swallowing problems**
  - **Odynophagia (painful swallowing)**
    - Common causes: esophageal ulcers/esophagitis (pill-induced, infections)
  - **Globus pharyngeus (foreign body sensation localized in the throat, occurs between meals, does not interfere with swallowing)**
    - Common causes: psychogenic, GERD, local throat problems
  - **Phagophobia (fear of swallowing)**
    - Common causes: psychogenic/anxiety about food bolus obstruction, odynophagia, or aspiration

## Causes of Dysphagia

### Oropharyngeal

#### Neuromuscular

- Stroke
- CNS tumor
- ALS
- Muscular dystrophy
- Poly/dermatomyositis
- Parkinson's dis.
- MG
- Multiple sclerosis
- UES dysfunction

#### Structural

- ENT cancer
- ENT infections
- Cervical osteophytes
- Post-RT/surgery
- Proximal esophageal web
- Zenker's diverticulum
- Thyroid enlargement

#### Drug-induced

- CNS drugs
- Drugs acting at the NMJ
- Drugs toxic to the muscle
- Drugs inhibiting salivation

### Esophageal

#### Neuromuscular (motility)

##### Primary

- Achalasia
- DES
- Hypercontractile esophagus
- Hypertensive LES
- Nutcracker esophagus

##### Secondary

- Scleroderma
- Chaga's dis.
- GERD-related

#### Structural (mechanical)

##### Intrinsic

- Cancer/tumor
- Eosinophilic esophagitis (EoE)
- Foreign body
- Esophageal rings/web
- Peptic (GERD) stricture
- Drug-induced stricture
- Large diverticula

##### Extrinsic

- Mediastinal tumor
- Spinal osteophytes
- Vascular/left atrium compression

## Causes of Dysphagia

### Oropharyngeal

- Nasal regurgitation?
- Deglutitive cough?
- Hoarseness of voice?
- Repetitive swallow?
- Dysphagia felt in the throat (rather than retrosternal)
- Abnormal neuro signs

- Videofluoroscopic swallow study
- CNS and neuromuscular evaluations

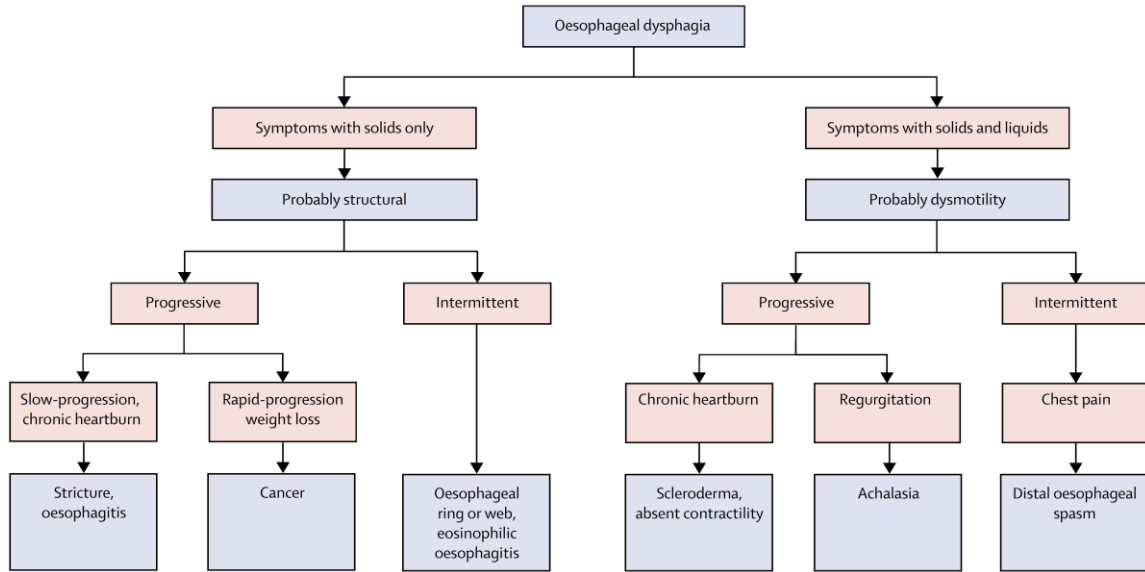
No



### Esophageal


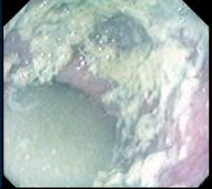
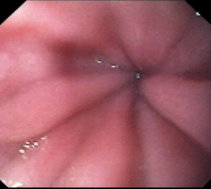
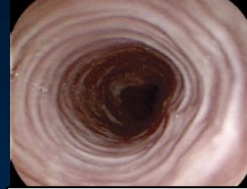
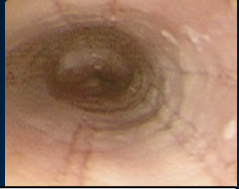

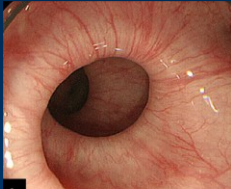



- Fluid or liquid?
- Intermittent or progressive?
- Weight loss?
- Heartburn?
- Regurgitation?
- Chest pain?
- Hx of drugs/corrosive agents

# Algorithm for Diagnosis of Esophageal Dysphagia

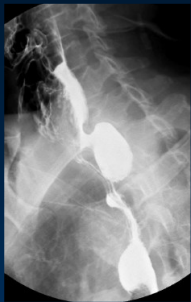


Johnston BT. Lancet Gastroenterol Hepatol 2017;2:604-09

## EGD: Common Causes of Dysphagia

 <p><b>Esophageal cancer</b></p>	  <p><b>Achalasia</b></p> <ul style="list-style-type: none"> <li>• Dilated esophagus with food contents</li> <li>• ↑ resistance to pass a scope through EGJ</li> </ul>	  <p><b>Eosinophilic esophagitis (EoE)</b></p> <ul style="list-style-type: none"> <li>• Longitudinal furrows, whitish exudates</li> <li>• Multiple rings (trachealization), strictures</li> </ul>		
 <p><b>Peptic stricture</b></p> <ul style="list-style-type: none"> <li>• Distal esophagitis</li> </ul>	 <p><b>Corkscrew esophagus</b></p>	 <p><b>Diverticulum</b></p>	 <p><b>Schatzki's ring</b></p>	 <p><b>Esophageal web</b></p>

## Barium Swallowing: Common Causes of Dysphagia



### Zenker's diverticulum

- smooth-walled sac protruding posteriorly from the junction of the pharynx and esophagus



### Esophageal cancer

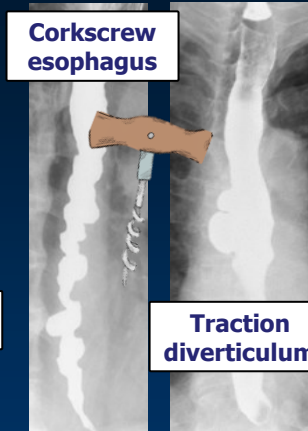
- Apple-core appearance



### Pseudo-achalasia

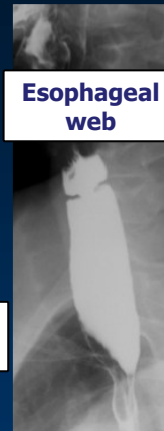
### Achalasia

- Bird-beak appearance (LES)
- Dilated esophagus



### Corkscrew esophagus

### Traction diverticulum

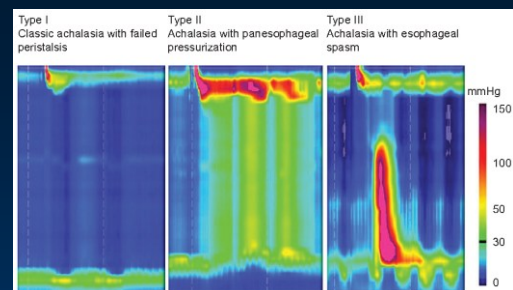


### Esophageal web

D/Dx: pseudoachalasia (mostly from malignancy of GE junction)  
Other causes include metastatic cancer (lung, breast, pancreas), benign strictures, amyloidosis, Chagas' disease, and post-fundoplication

## Achalasia

- A primary esophageal motility disorder
  - Failure of LES relaxation
  - Absence of esophageal peristalsis
- Presentations
  - Progressive dysphagia (solid → liquid)
  - Regurgitation of undigested food
  - Weight loss, chest pain, night cough
- Diagnosis: esophageal manometry
  - EGD to exclude malignancy (pseudoachalasia)
- Treatment
  - POEM (Peroral endoscopic myotomy), laparoscopic Heller myotomy
  - Pneumatic balloon dilation
  - Symptom relief: Botulinum toxin injection, nitrate, CCBs



## Eosinophilic Esophagitis (EoE)

- **Chronic immune/Ag-mediated inflammatory disease**
  - Strong association with atopic diseases (e.g. asthma, AR, eczema)
  - More common in young males
- **Presentations**
  - Dysphagia (especially solids), food impaction
  - Chest discomfort, heartburn, refractory GERD
- **Diagnosis: EGD + esophageal biopsy**
  - Rings (“trachealization”), furrows, exudates, strictures
  - Bx:  $\geq 15$  eosinophils/HPF
- **Treatment: “3 D’s” approach**
  - **D**rugs: PPI, topical steroids (fluticasone, budesonide)
  - **D**iet: elimination diets (e.g., 6-food elimination)
  - **D**ilation: for strictures



**Thank You for Your Kind Attention**

