An approach to dysphagia

Important definitions

Dysphagia: The difficulty in swallowing liquids or solids from the mouth to the stomach. It is usually called a symptom of an underlying pathology.

Dysphagia may be progressive in nature, meaning the difficulty in swallowing is initially only for solids and progressively becomes worse ending with an inability to swallow liquids and saliva.

Odonophagia: any pain with swallowing, more common with solids. A patient may have dysphagia without odonophagia, and a patient may have odonophagia without dysphagia.

Globus: an abnormal sensation of a lump in the throat

Investigations

Barium swallow: define the anatomy, may give an idea as to the cause of the dysphagia Endoscopy: gastroscopy allows direct visualization of the esophageal mucosa and cause of the esophageal symptoms. It may be diagnostic allowing for a biopsy, in some cases it may be therapeutic for example enabling dilatation of certain strictures or injection of botulinum toxin for achalasia.

Pressure (manometry) and pH studies allow for the diagnosis of functional disorders by measuring resting and active pressures in the esophagus, as well as the measurement of the pH in the esophagus compared to the stomach to diagnose reflux disorders.

Other investigations are usually performed once the diagnosis has been established and staging or complications are been assessed.

Staging CT scan Chest x-ray Swallowing fluoroscopy

Complications of dysphagia
Aspiration resulting in pneumonia
Dehydration
Loss of weight

Approach

Detailed history, to determine type of dysphagia, other symptoms and risk factors

Clinical examination primarily to rule out complications or extent of the disease

Investigations:
Start with a barium swallow
Thereafter endoscopy

Determine most likely diagnosis from history, clinical examination, barium swallow and endoscopy result.

