



History of Dysphagia

Color index :

Important

Further explanation

[Editing link](#)

Overview

- Dysphagia : difficulty in swallowing , It is the sensation of hesitation or delay in passage of food during swallowing
- Odynophagia : painful swallowing
- Globus : is the sensation of a lump or tightness in the throat unrelated to swallowing

Classification of dysphagia :

1) **Oropharyngeal** : Any disorders that could cause neurologic or myogenic abnormalities or oropharyngeal tumors

2) **Esophageal** : Any disorders that could cause mechanical obstruction or altered motility of the esophagus

DDx of dysphagia

Oropharyngeal dysphagia

Neuromuscular causes

- Stroke
- Cerebral palsy
- Multiple sclerosis
- Myasthenia gravis
- Parkinson's disease
- Polymyositis/dermatomyositis

Structural causes

- Zenker diverticulum
- Head and neck tumors
- Cervical spondylosis

Iatrogenic causes

- Radiation therapy

Esophageal

Mechanical obstruction

usually only solid

- **Intrinsic**
 - Reflux esophagitis with stricture formation
 - carcinoma of esophagus
 - pharyngeal pouch
 - foreign body
- **Extrinsic**
 - Goiter with retrosternal extension
 - mediastinal tumor , bronchial carcinoma

Neuromuscular motility disorders (solid and liquids equally difficult, symptoms intermittent)

- Achlasia
- diffuse esophageal spasm
- scleroderma
- Sjögren syndrome
- Chagas disease

Chief Complain : difficulty in swallowing

Question	Interperations
Do you have trouble swallowing solids or liquids,or both solid and liquid?	Solid only (mechanical problem suggest cancer or stricture) Both (neuromuscular ,motor problem e.g.: Achalasia)
How long have you had this symptom?	dysphagia of short duration suggest an inflammatory process
is the trouble swallowing intermittent or persistent?	Intermittent suggests eosinophilic esophagitis [EoE] or motor problem
Has the problem been getting progressively worse?	Suggest cancer or stricture.
Where does the hold-up occur (please point to the area)?	Pointing to the lower esophagus suggests mechanical obstruction in the lower esophagus
Is it painful to swallow (odynophagia)?	This suggests acute inflammation of the esophagus.
Does it associated with other symptoms?	<ul style="list-style-type: none"> - Cough or choke on starting to -swallow: oropharyngeal dysphagia -Bad breath: zenker's diverticulum -Regurgitate old food: distal esophageal obstruction, zenker's diverticulum or achalasia -Heartburn or acid regurgitation: GERD -Weight loss: cancer -Asthma or any type of allergy : this would be further supportive of EOE
Have you received radiation therapy in the past?	Radiation esophagitis
Are your symptoms episodic?	suggests a benign disease such as a lower esophageal ring
Do you experience chest pain?	Motor disorders of the esophagus (ie, diffuse esophageal spasm, achalasia, and scleroderma)
Do you ever have to bear down or raise your arms over your head to help a food bolus pass?	Motor disorders
Are your symptoms worse with very hot or cold liquids?	Motor disorders
Are your symptoms relieved by repeated swallows?	Motor disorders

Past Medical History	Do you have medical problems such as diabetes mellitus, AIDS, neuromuscular disorders stroke tobacco use
Past Surgical History	Have you had surgery on your larynx, esophagus, stomach, or spine?
Medication	Ask specifically about potassium chloride, alendronate, ferrous sulfate, quinidine, ascorbic acid, tetracycline, aspirin and NSAIDs.
Family History	Does anyone of your family members have similar problem?
Social History	
Systemic Review	

- Dysphagia to both solids and liquids is suggestive of a motor disorder, whereas dysphagia to solids alone is more likely due to a mechanical obstruction.
- Intermittent dysphagia for both liquid and solid with chest pain more likely :Diffuse esophageal spasm
- Progressive dysphagia for both liquid and solid with Chronic heartburn more likely :Scleroderma
- Progressive dysphagia for both liquid and solid with Respiratory symptoms more likely : Achalasia
- Intermittent dysphagia for only solid food more likely : Lower esophageal ring
- Progressive dysphagia for only solid food with chronic heartburn more likely :Peptic stricture
- Progressive dysphagia for only solid food in old patients >50 y more likely : carcinoma

Done by : Asmaa Rusaies
Revised By: Nada Alamri