A Curious Case of Dysphagia Due to Osteophytes

Um Curioso Caso de Disfagia Causada por Osteófitos

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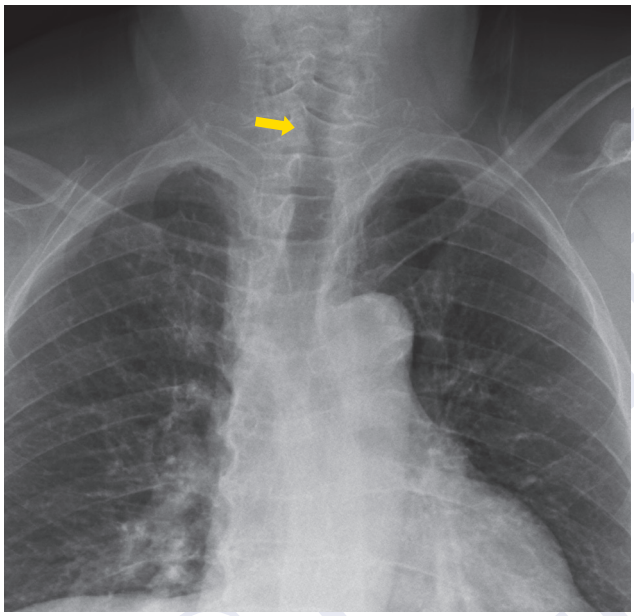

Figure 1 – Posteroanterior chest radiograph revealing a tracheal stricture (arrow)

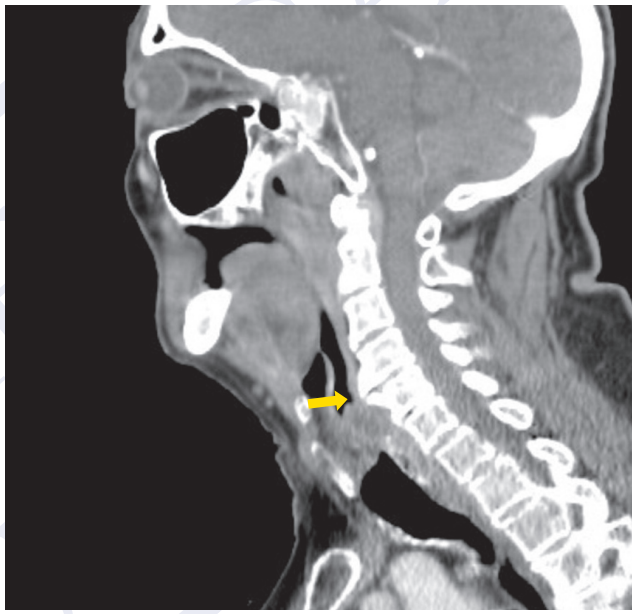

Figure 2 – Contrast-enhanced neck computed tomography with marked anterior osteophytes in the C4-C5 vertebrae (arrow)

An 80-year-old male with Parkinson's disease and partially dependent on activities of daily living (Barthel index 45) was admitted due to a first episode of community-acquired pneumonia. He also complained of long-lasting difficulty in swallowing, which his attending physician attributed to neurogenic dysphagia. Upon closer evaluation, the patient mentioned non-acute onset dysphagia, initially for liquids but now mainly affecting solid foods. The difficulty in swallowing solids was progressive, intermittent, and well-localized to his lower neck. The chest-radiograph revealed a tracheal stricture (Fig. 1), prompting a neck computed tomography that showed an exuberant anterior osteophyte in the C4-C5 vertebrae with soft-tissue and tracheal compression (Fig. 2). The barium esophagram revealed delayed but maintained contrast progression. Although spinal osteophytes are common, occurring in one in every five elderly patients, less than 1% of osteophytes lead to dysphagia.[1-5] This case illustrates how a thorough investigation is essential to evaluate the cause of dysphagia. The patient is currently being managed through a conservative approach due to personal preference.

AUTHORS CONTRIBUTION

SM: Draft of the paper. Data interpretation. Evaluation of the patient. Responsible for the intelectual integrity of the paper.

BC: Evaluation of the patient. Data interpretation. Critical review. Responsible for the intelectual integrity of the paper.

LC: Contribution to the design of the work. Data interpretation. Critical review. Responsible for the intelectual integrity of the paper.

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