

Commentary

In this issue of the Journal, Dable *et al.* reported a patient suffering from dysphagia secondary to cervical osteophytes whose diagnosis was initially masked by presence of tooth-related pathology.^[1]

The word dysphagia derives from the Greek words “dys” (with difficulty) and “phagia” (to eat). Dysphagia has been classically divided into organic and neurogenic, depending on whether the difficulty is on swallowing solids or liquids, respectively.^[2]

Dysphagia for solids is usually secondary to structural disorders such as tumours, peptic stenosis, or esophageal rings, while on the other hand, neurological disorders as vagus or glossopharyngeal nerve palsies, lacunar syndromes, and dementia and other degenerative

disorders are commonly associated with impairment of liquids intake.^[3]

Pain is the most frequent manifestation in cervical osteoarthritis. However, sometimes it can present with coughing, aspiration, or dysphagia due to pharynx or esophagus compression by osteophytes. Although osteophyte-related dysphagia is rare, it can occasionally be severe and cause marked loss of weight.^[4] As has been previously discussed, the proposed mechanisms include the direct extrinsic compression, and the presence of edema and muscle spasm secondary to esophageal irritation.

Idiopathic diffuse skeletal hyperostosis (IDSH) is another skeletal disease associated with osteophytes,

which may be particularly large. Resnik *et al.* published one of the largest case series of IDSH. He reported 21 patients with IDSH. Dysphagia was the first symptom in only one patient, but more than 25% presented some degree of swallowing difficulty during the course of disease.^[5] Other conditions associated with osteophytosis include traumatism and spine surgery.^[6]

Treatment of patients with dysphagia related to cervical osteophytes should be individualized. In mild cases with minor symptoms conservative therapy consisting on soft diet, non-steroidal anti-inflammatory drugs, or even, short-term steroids at low dose may be tried.^[7] On the other hand, when patients have severe manifestations accompanied by weight loss, a surgical correction may be indicated. There are no large series in the literature. However, surgical treatment seems to be generally successful and have a low complication rate.^[8] A course of medical therapy may be tried before surgery.

Although dysphagia associated with cervical osteophytosis is a rare entity, clinicians should consider it when attending patients in risk (occupational predisposition, history of previous traumatism) and when the exam shows pharyngoesophageal stenosis with a normal mucosa. In those cases, a simple procedure such as a lateral neck X-ray may be diagnostic. A CT scan and a barium esophagram may help to delineate the lesions.

Javier Riancho

From Service of Neurology, University Hospital "Marqués de Valdecilla" (IFIMAV), University of Cantabria, and "Centro de Investigación Biomédica en Red de Enfermedades Neurodegenerativas" (CIBERNED), Santander, Spain

Address for correspondence:

Dr. Javier Riancho,
Service of Neurology,
University Hospital "Marqués de Valdecilla",
Av Valdecilla s/n, 39008 Santander, Spain.
E-mail: jariancho@humv.es

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