Diagnostic Approach to Un-investigated Dysphagia

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Financial Interest Disclosure

(over the past 24 months)

Dr. Adriana Lazarescu

- Abbvie - advisory board
- Actavis - advisory board, speaker

Financial Interest Disclosure

(over the past 24 months)

Dr. Louis Liu

Commercial Interest	Relationship
Janssen Pharmaceuticals	Speaker, advisory board, consultant
Takeda Canada Inc.	Speaker, advisory board, consultant
Forest Laboratories	Speaker, advisory board
Actavis	Speaker, advisory board
AbbVie	Speaker, advisory board

2015 CDDW/CASL Winter Meeting

CanMEDS Roles Covered:

√	**Medical Expert** (as *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.)
	Communicator (as Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.)
√	**Collaborator** (as *Collaborators*, physicians effectively work within a healthcare team to achieve optimal patient care.)
√	**Manager** (as *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.)
√	**Health Advocate** (as *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.)
	Scholar (as *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.)
√	**Professional** (as *Professionals,* physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.)

Learning Objectives

At the end of this session, participants should be able to:

- Differentiate between oropharyngeal and esophageal dysphagia
- Choose the appropriate tests to investigate esophageal dysphagia in a particular patient
  - UGI Ba study
  - Endoscopy
  - Esophageal Manometry

Case

- 42 yo woman complains of choking with eating
  - Only happen with solids
- Persistent over the past year, ~ 2-3x/week
- Longest duration of symptom ~ 5 min and then resolved
  - If not, eventually needed to bring up the “bolus” back up
- No heartburn, no odynophagia, no weight loss, no clinical bleeding

Case

- PMHx – mild asthma, hypothyroidism
- Meds – PRN Ventolin, Synthroid
- NKDA, no environmental allergies
- FHx – no dysphagia, no esophageal CA

- P/E - unremarkable

What would you do?

I. Differentiate between oropharyngeal and esophageal dysphagia

It is not an easy task

Dysphagia: oropharyngeal vs esophageal

www.aliem.com/paucis-verbis-card-dysphagia/

- No study directly evaluating utility of symptoms in differentiating oropharyngeal vs esophageal dysphagia
- Symptoms occurring at the onset of of swallow
  - Cough, wet voice etc
- Location of hold up
  - Retrosternal: almost always esophageal problems
  - Esophageal dysphagia can refer to throat and neck
- Important to identify patients with oropharyngeal dysphagia: risk of aspiration

II. Role of history and physical examination in the evaluation of esophageal dysphagia

Identify alarming symptoms for urgent investigation

Dysphagia

- Persistent dysphagia is an alarming symptoms on its own

- Other associated alarm features to be considered
  - Weight loss
  - Bleeding/Anemia
  - Vomiting
  - Odynophagia
  - Age

Hx and P/E in identifying motility vs structural causes of dysphagia

Motility

- Intermittent or progressive
- Liquid & solid
- Associated medical history
  - CTD
  - NCCP

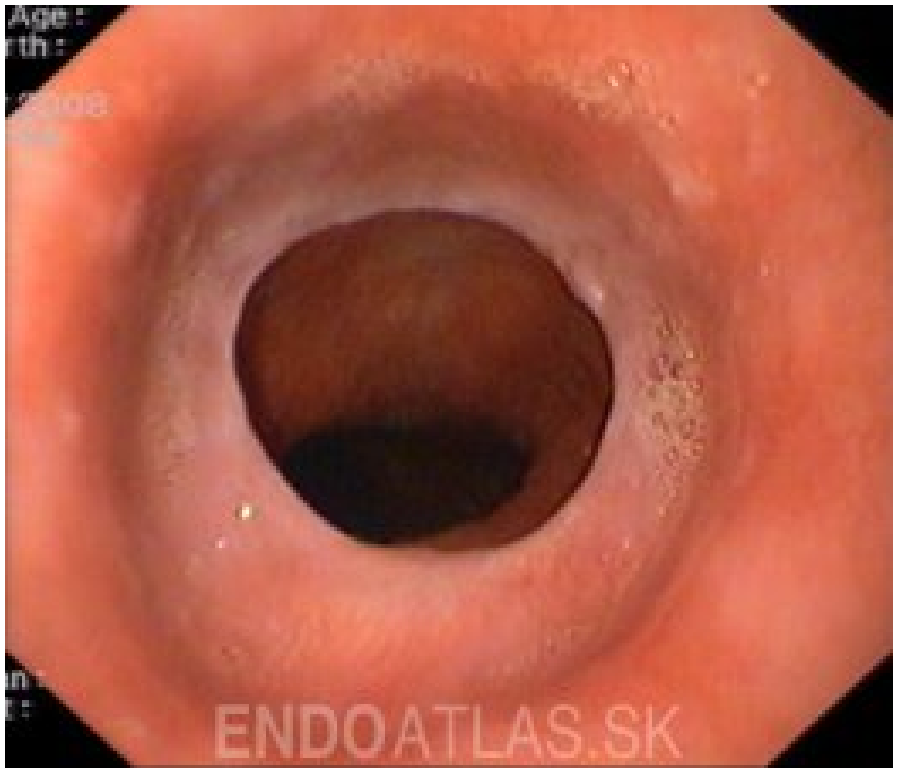
Structural

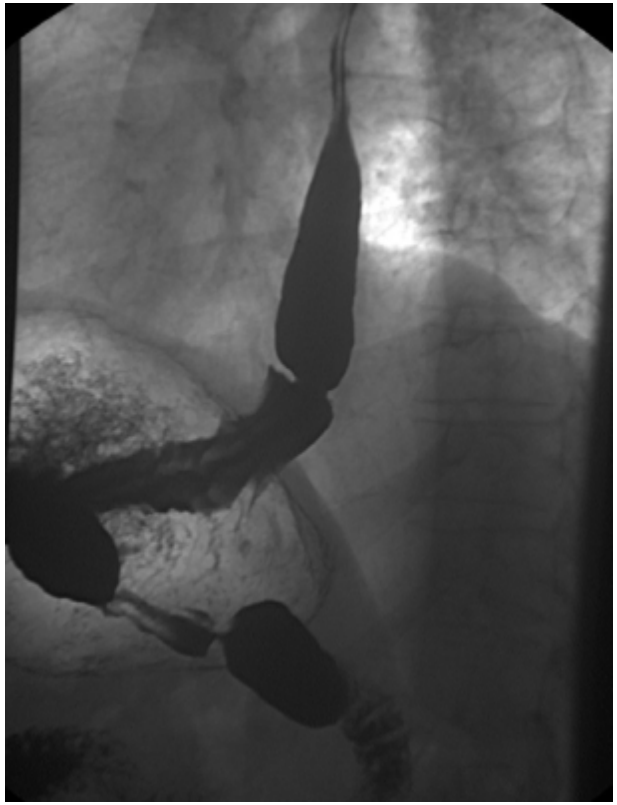
- Persistent & progressive
- Solid
- Associated medical history
  - GERD/HB
  - Other alarm features

Case: 42 yr old woman with intermittent and persistent solid food dysphagia without other alarm features

What test would you do first?

Case



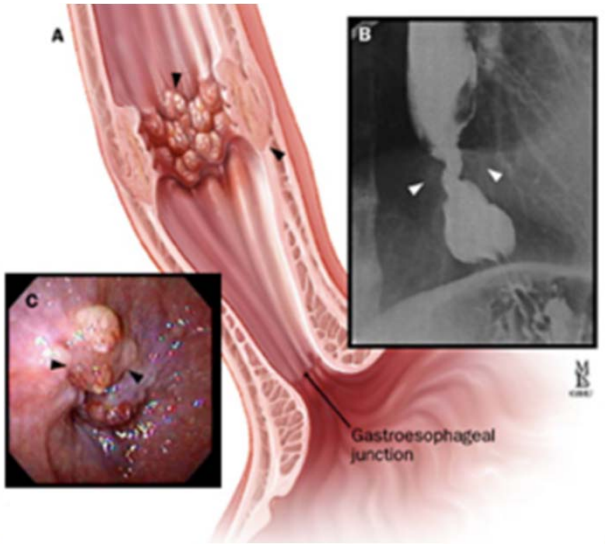


http://www.endoatlas.sk/en/pazerak/prstence_a_membrany/schatzkiho_prstenec

III. Role of barium contrast studies in the evaluation of esophageal dysphagia

Risk stratify urgency in selected patients depending on accessibility to endoscopy

UGI Barium Swallow



https://gi.jhsps.org/GDL_Disease.aspx?CurrentUDV=31&GDL_Cat_ID=83F0F583-EF5A-4A24-A2AF-0392A3900F1D&GDL_Disease_ID=0E11DE8C-7FB7-47AE-BC76-766AC830F7BA

- Declining expertise to do a proper UGIB study
- Endoscopy more sensitive in detecting structural and mucosal disease
- Manometry more sensitive and specific in detecting motility disorder

IV. Role of endoscopy in the evaluation of esophageal dysphagia

Biopsy even if it looks normal

V. Role of esophageal manometry in the evaluation of esophageal dysphagia

- **Gold standard to diagnose esophageal motility disorder**
- **Recommend first rule out inflammatory and structural lesions**