



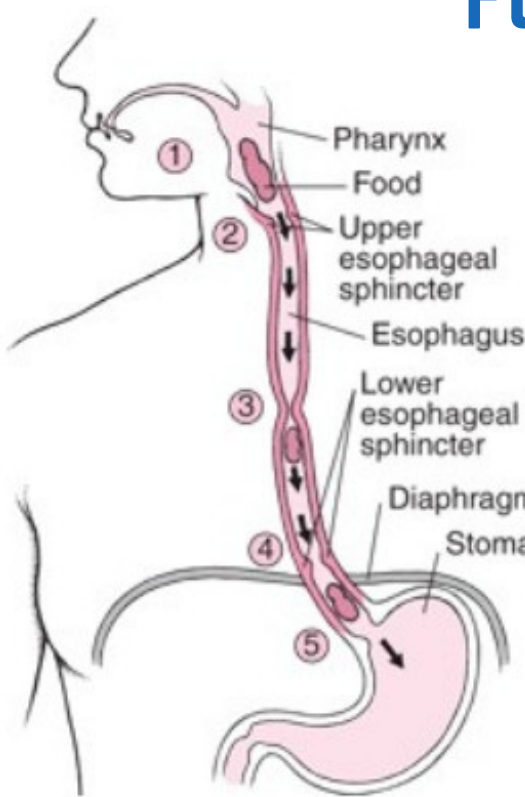
# EVALUATION OF DYSPHAGIA

Episode 32.1

## ESOPHAGEAL ANATOMY

- Esophagus: muscular, mucosa-lined tube connecting pharynx to stomach
- 2 sphincters: upper and lower
- Parasympathetic and sympathetic innervation. Meissner's plexus provides sensory input which has crossover from cardiorespiratory systems, hence reflux may mimic chest pain

## FUNCTIONS & PHYSIOLOGY



- 1) prevention of regurgitation,
- 2) ventilation of excesses gastric gas,
- 3) transportation of nutrients during swallow
- At rest, upper and lower esophageal sphincters are contracted. UES pressure > LES pressure
- Following a swallow, pressure in UES decreases transiently while pressure in LES decreases and remains lower until peristalsis closes LES

## DYSPHAGIA

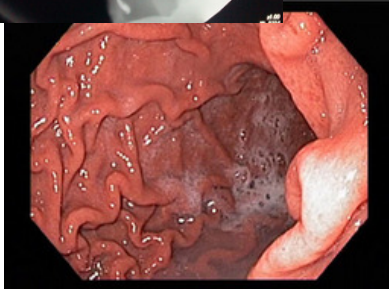
- Difficulty initiating swallow --> oropharyngeal dysphagia vs. food "sticks" after swallow --> esophageal dysphagia
- If dysphagia with solid foods only, consider mechanical obstruction. If with solids and liquids, consider motility d/o
- Progressive dysphagia to solid foods is concerning for malignancy

- Helpful questions on history:

- 1) What types of foods cause symptoms?
- 2) Symptoms intermittent or progressive?
- 3) Associated dyspepsia/reflux?
- 4) Other red flag symptoms? eg. weight loss, odynophagia



## EVALUATION



- Complete H&N examination, including transnasal endoscopy
- Labs: CBC to r/o anemia due to malignancy
- Imaging: barium swallow (1st line), CXR, CT scan
- Special tests: esophageal manometry, pH monitoring (rarely used), gastroscopy