Dysphagia in otorhinolaryngology, differential diagnose and guideline for elucidation of the aetiology

GOALS: Beside its own cases, the otorhinolaryngology has to deal also with dysphagia cases sent by other medical specialties (internal medicine, neurology etc.). Their elucidation raises problems and that is why we put forward to identify a guideline for aetiological diagnostic of dysphagia disorders, irrespective of the medical specialities they belong to.

MATERIAL / METHOD: A retrospective statistical research. The cases history has been selected from a number of 12,657 patients hospitalised with the otorhinolaryngology, internal medicine and neurology ward of the Hospital of the County of Alba, from 2005 to 2006. The only selection criteria of the cases was the dysphagia symptom. In this way, there have been formed three batches of patients suffering from dysphagia: the ones coming from the otorhinolaryngology ward (391 cases), from the internal medicine ward (41 cases) and from the neurology ward (33 cases).

There has been also processed data regarding the patients’ age, social background, gender, etc., and data provided by the direct examination of some patients (flexible noso-pharyngeal-endoscopy, oesophageal manometry, RMN, etc.) We processed statistically the results get by using statistic importance tests and they have also been electronically processed by the help of GraphPad Prism application.

RESULTS: After the statistical analyse of the dysphagia cases from the three wards (otorhinolaryngology, internal medicine and neurology), after performing the Chi-square test for the trend we got the value p<0,05 (p=0,0001) that means that, from statistical point of view, there is a significant association between the number of dysphagia cases from the three medical specialities and the total number of patients. The frequent occurrence of dysphagia cases shows an increase trend, the dysphagia has the highest occurrence within the otorhinolaryngology diseases. Out of a total of 2727 patients which have been studied, hospitalised in the otorhinolaryngology ward from 2005 to 2006, the otorhinolaryngological diseases mean 14 % (391 cases) of the batch under survey. The 391 cases of patients suffering from otorhinolaryngological diseases consist of: acute anginas and their complications 86 % (335 patients); oesophagitis after caustic material ingestion 2 % (8 cases); tumours of mouth, pharynx and larynx 12 % (48 cases). The acute anginas and their complications are placed on the most important place 86% (335 cases), out of which 72% (244 cases) are erythematous anginas and tonsillitis and the peritonsillar phlegmon and the ulceronecrotic angina amounts 91 cases (28 %). It is also shown that the most affected age groups are the young people over 10 years and the working people under 40 years. The aetiological diagnose of dysphagia was not easy in all cases, there have been discovered hypoharyngeal tumours, in fact without clinical symptomatology, only by performing a flexible noso-pharyngeal-endoscopy. The systematic
The performance of the otorhinolaryngological examination (both clinical and laboratory examinations) allowed the identification of the pharyngolaryngeal transit dysfunctions and required a cooperation with the internal medicine and neurology medical specialities.

The internal medicine diseases which generate dysphagia within the batch under study represents 1% (41 cases) of a total of 4061 patients hospitalized with the County Hospital of Alba-Iulia. The 41 cases hospitalised with the internal medicine ward, suffering from dysphagia, consist of: 10 cases of malignant gastric tumours; 8 cases of tumour haematological diseases and 23 cases of iron deficiency anaemia. After performing the Chi-square test in the case of the patients suffering from internal medicine diseases, the value of p>0.05 has been obtained, which shows that, from statistical point of view, there is no significant association between the internal medicine diseases and the dysphagia. The elucidation of some causes of dysphagia complaints, without any sign of organic disease, was possible only after performing an oesophageal manometry in an university clinic in Cluj-Napoca as this examination was not possible in Tg.Mures.

Out of the total of 5869 patients hospitalised with the neurology ward of the Hospital of the County of Alba, the diseases causing dysphagia amounted 33 cases, that is 0.56%. In the case of neurological diseases studied, after performing the Chi-square test, the only disease showing a significant statistical association between dysphagia and that disease is the pseudobulbar syndrome (p<0.05). In most cases the males are suffering from this disease, 24 cases (72%) and as far as the age group concerns, the most cases are recorded over the age of 50 years. The pseudobulbar syndrome (17 cases) accompanied by dysphagia has been diagnosed in the most cases (52%) in the group studied suffering from neurological diseases.

CONCLUSIONS: Beside the typical otorhinolaryngological diseases, the otorhinolaryngologist has, more and more frequent, to face with cases with functional disorders of the pharyngeal - oesophageal passage, and in such cases only the interdisciplinary cooperation enables the elucidation of the dysphagia aetiology.

The profound knowledge of the primary disorders of esophageal motility and also of the organic diseases involved in the disturbance of esophageal transit is needed by the otorhinolaryngologist, neurologist or internal medicine specialist. An important role in this field plays the esophageal monometry, a little bit difficult to be performed under our circumstances. On the other hand esophageal videofluoroscopy and high speed cinematography is available only in large medical centres abroad.

The patients suffering from dysphagia due to a pseudobulbar syndrome come first to the otorhinolaryngologist and the performance of a cranial CT scan enables to orientate the patient, in due time, to the neurology wards.

My personal contribution in this study is materialised by a practical orientation guideline for the etiological diagnose of dysphagia which may be used both by otorhinolaryngologist specialist and by the specialists from other medical specialities.
Through this guideline a clarification of dysphagia disorders has been done, that enables a rapid orientation of the diagnose and the treatment of complex diseases having the only syndrome dysphagia.

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