

Dysphagia: A Non G.I. Pathology Observed in Patients Either Referral & Walk in O.P.D.

Mayank Chugh¹, Satender Tanwar², Jaideep Bagri³

How to cite this article:

Mayank Chugh, Satender Tanwar, Jaideep Bagri/Dysphagia: A Non G.I. Pathology Observed in Patients Either Referral & Walk in O.P.D./Gastroenterology International. 2022;7(1):15-16.

Abstract

There are many pathological conditions which warrants the clinical evaluation and intelligent history taking to reach the correct diagnosis rather than battery of investigation either done in walk in patients and the referred patients. Similar happened in the patients those who are evaluated and screened for dysphagia - Difficulty in swallowing as chief as well as associated complaints taken and given by the patients and his attendants.

Lot of patient which are referred to gastroenterologist by peripheral circulation when they undergone upper GI endoscopy didn't find any organic illness and need the judicious history taking and evaluation from time to time to reach the exact pathology. Here is the data collected and screened patients which have the non GI manifestation of the dysphagia later on found to have the neurological manifestations.

The statistic reveals that all dysphasia doesn't belong to the esophageal gastro disorders the more they happen with the neurological manifestations.

Keywords: ALS, CVA, Dysphagia, Myasthenia Gravis, Parkinson's Diseases.

INTRODUCTION

Dysphagia is difficulty swallowing taking more time and effort to move food or liquid from your mouth to your stomach. Dysphagia can be painful. Occasional difficulty swallowing, such as when you eat too fast or don't chew your food well

enough, usually isn't cause for concern. Many time the patient received in the OPD as well as referral done from various practitioners found to have non gastro intestinal cause, need the evaluation thoroughly.

Dysphagia is common in patients with neurological disorders. It can result from damage to the central or peripheral nervous system, as well as muscle and neuromuscular junction disorders. Neurogenic dysphagia often leads to serious complications including pulmonary aspiration, dehydration, and malnutrition.

Having trouble swallowing (dysphagia) is a symptom that accompanies a number of neurological disorders. The problem can occur at any stage of the normal swallowing process as food

Author Affiliation: ¹Gastroenterologist, ²Associate Consultant, ³CMO, COVID In-charge, Department of Gastroenterology, Chugh Multispecialty Hospital, Bhiwani 127021, Haryana, India.

Corresponding Author: Satender Tanwar, Associate Consultant, Department of Gastroenterology, Chugh Multispecialty Hospital, Bhiwani 127021, Haryana, India.

E-mail: drsatendertanwar@gmail.com

Received on: 19.03.2022

Accepted on: 18.04.2022

and liquid move from the mouth, down the back of the throat, through the esophagus and into the stomach. Difficulties can range from a total inability to swallow, to coughing or choking because the food or liquid is entering the windpipe, which is referred to as aspiration. When aspiration is frequent a person can be at risk of developing pneumonia. Food may get "stuck" in the throat or individuals may drool because they cannot swallow their saliva. Neurological conditions that can cause swallowing difficulties are: stroke (the most common cause of dysphagia); traumatic brain injury; cerebral palsy; Parkinson disease and other degenerative neurological disorders such as amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease), multiple sclerosis, progressive supranuclear palsy, Huntington disease, and myasthenia gravis. Muscular dystrophy and myotonic dystrophy are accompanied by dysphagia, which is also the cardinal symptom of oculopharyngeal muscular dystrophy, a rare, progressive genetic disorder.

Here the patient received later on found to have the organic neurological causes, here the study done in the hospital OPD patients received diagnosed and evaluated later on.

Case 1

56 Year old female referred for the upper GI Endoscopy found to have normal GI endoscopy and later on she had persisting dysphagia and started evaluated for same and undergone MRI Brain and found to have normal and later laboratory investigations such as Anti-acetylcholine receptor antibodies and later found to have the positive antibodies and treatment started for same and patient has good results in the diagnosis and prognosis.

Case 2

76 year old male presented with progressive onset of dysphagia within a week first with solids later on with liquids also, patient GI endoscopy found to have normal and Patient evaluated neurologically and MRI Brain with Diffusion weighted done and found to have Ischemic Infarct Patient managed accordingly as the patient was out of window person couldn't be thrombolysis and poor prognosis and platelet inhibitor has been started with restricted results.

Case 3

48 year old female with insidious onset of Dysphagia seen in OPD and found to have normal GI Endoscopy and later the patient started to have tremor and rigidity and patient suspected to have the Parkinsonism and patient empirically started with dopamine agonist and patient started responding and patient referred even for neurological reference.

Dysphagia can occur at any age, but it's more common in older adults. The causes of swallowing problems vary, and treatment depends on the cause. Dysphagia as and when suspected should not be suspected entirely to the neurological cause and though clinical evaluation and judicious history taking play important role to evaluate the patient

CONCLUSION

The case Discussed here is gives and readymade conclusion that the patient when received and referred for Dysphagia found to have not always gastrointestinal manifestation, Negative GI endoscopy doesn't mean there is no pathological manifestation, it always require the judicious clinical and intelligent history taking for correctly reaching the diagnosis.

REFERENCES

1. Harrison's Principles of Internal Medicine, 20th edition J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, Joseph Loscalzo.
2. Davidson's Principles and Practice of Medicine International Edition. 20th edition page no 1182 - 84.
3. Textbook of Physical Diagnosis: History and Examination With Student Consult Online Access (Textbook of Physical Diagnosis (Swartz)).
4. Yamada' s Textbook of Gastroenterology Daniel K. Podolsky MD,, Michael Camilleri MD,, J. Gregory Fitz MD FAASLD,, Anthony N. Kalloo MD, Fergus Shanahan MD,, Timothy C. Wang MD.
5. European Journal of Gastroenterology & Hepatology.
6. Tadalka Yamada, Book of Gastroenterology -Anthony N. Kalloo MD,, Fergus Shanahan MD, Timothy C. Wang MD.

