

Different diagnosis for two decades of dysphagia

Introduction

Dysphagia is a common presentation to acute medicine. The authors present the case of a man with a long history of intermittent dysphagia who developed a sudden worsening of his symptoms as a result of new pathology. Management of the pharyngeal pouch is also discussed.

Discussion

Pharyngeal pouch has an estimated incidence of two/100 000 patients/year in the UK (Laing et al, 1995) but little is known about the natural history of its development. It is most common in the 7th decade (unusual under the age of 40 years) and in males (Maran et al, 1986). The condition is thought to develop as a result of incoordination of the cricopharyngeus muscle and disorders of the swallowing reflex (Aly et al, 2004). Oesophageal reflux disease may also contribute. Although it has a recognized association with oesophageal dysmotility, it is uncommon in the literature to find a high pharyngeal pouch in association with a lower oesophageal problem.

Ott et al (1994) studied 120 patients with oesophageal dysmotility and found oesophageal diverticula in 5% with all



Figure 1. Barium swallow showing the presence of pharyngeal pouch.

being located in the lower half of the oesophagus. The current treatment of choice in the UK is endoscopic stapling diverticulotomy (Siddiq and Sood, 2004).

This case highlights the need for reassessment where patients with longstanding motility problems develop new symptoms. It also demonstrates the time frame for the development of a pharyngeal pouch and shows the usefulness of barium swallow before repeat endoscopy in investigation of worsening dysphagia. **BJHM**

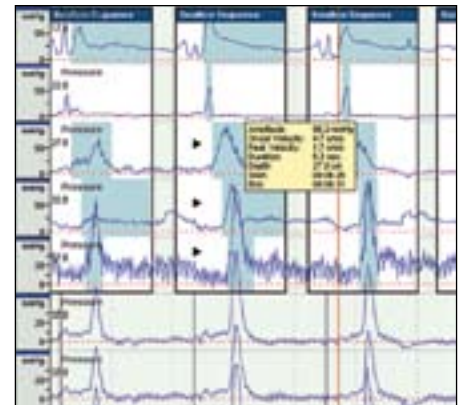


Figure 2. Pressure levels during oesophageal manometry showing incoordinated, non-sequential increases in oesophageal pressure (black arrows) following swallow (in 5cm intervals from 27cm distal to incisors).

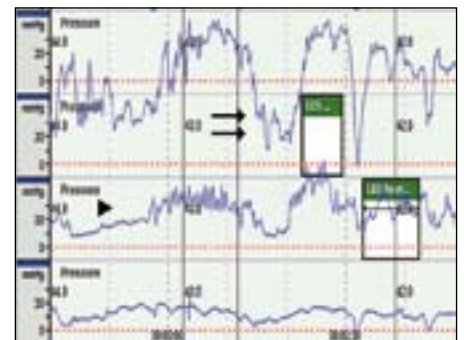


Figure 3. Oesophageal manometry showing persistently raised lower oesophageal sphincter pressure (single arrow) which relaxes on swallowing (double arrow).

Case Report

A 76-year-old man was referred in 2004 for assessment of longstanding dysphagia. His symptoms had changed slightly in that he had been experiencing some regurgitation of food up to 24 hours after a meal. He had first presented in 1984 with a complaint of food sticking on the way down, at the level of the epigastrium, which was intermittent in nature and worse with meat and bread. He had a 15-year history of indigestion at that time and was investigated with a barium meal and a gastroscopy (OGD), both of which were normal. As his symptoms were not progressive or troublesome he was discharged from follow up.

He was referred again in 1996 with similar symptoms. The dysphagia had been well controlled by avoiding foods that worsened his symptoms. OGD at that stage proved normal and the patient had settled. He was discharged with a diagnosis of mild motility disorder and advice to re-refer should things change. He attended in 2004 with a change in symptoms – he felt food now seemed to get stuck higher up with regurgitation of contents of previous meals. No worrying symptoms were noted and physical examination was normal.

The patient was booked for further OGD and oesophageal manometry to take place on the same day. The OGD was carried out first and it became apparent he had developed a pharyngeal pouch, which was later confirmed on barium swallow (Figure 1). The rest of the examination was normal. He also underwent manometry with the probe being placed over a guidewire. This revealed the presence of incoordination of peristaltic waves with simultaneous pressure rises in the lower oesophagus (Figure 2). It also showed a hypertensive lower oesophageal sphincter (max pressure 53 mmHg) that relaxed appropriately (Figure 3). The patient was referred to the ear, nose and throat surgeons for further management as the pouch was the main contributing factor in the new symptoms. He underwent an uncomplicated endoscopic stapling diverticulotomy with a return to previous level of function.

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