

Dysphagia

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Rationale

Dysphagia, defined as difficulty swallowing, should be regarded as a clear signal of potentially serious organic pathology, which therefore warrants careful and complete evaluation.

Causal Conditions

(list not exhaustive)

- Oropharyngeal dysphagia
 - a. Structural
 - Peritonsillar abscess
 - Pharyngitis
 - Tumour
 - Zenker diverticulum
 - b. Neuromuscular
 - Central (e.g., cerebrovascular accident)
 - Cranial nerves (e.g., amyotrophic lateral sclerosis)
 - Systemic myopathies (e.g., dermatomyositis)
 - c. Xerostomia
- Esophageal dysphagia
 - a. Mechanical obstruction
 - Intrinsic
 - a. Intermittent (e.g., lower esophageal ring, web)
 - b. Progressive (e.g., carcinoma, peptic stricture)
 - c. Foreign object
 - d. Eosinophilic esophagitis
 - Extrinsic (e.g., mediastinal mass)
 - b. Neuromuscular disorder
 - a. Intermittent (e.g., diffuse esophageal spasm)
 - b. Progressive (e.g., scleroderma, achalasia)

Key Objectives

Given a patient with dysphagia, the candidate will differentiate oropharyngeal from esophageal causes and initiate a management plan based on the underlying cause and severity.

Enabling Objectives

Given a patient with dysphagia, the candidate will

- list and interpret critical clinical findings, including
 - a. determining from the history whether the problem is most likely oropharyngeal or upper or lower esophageal;
 - b. identifying the characteristics of the esophageal dysphagia that suggest specific underlying disorders; and
 - c. determining complication risk;
- list and interpret critical investigations, including determining whether specific investigations are required (e.g., barium swallow, endoscopy); and
- construct an effective initial management plan, including
 - a. determining whether the patient needs specialized care and
 - b. anticipating short-, medium-, and long-term complications (e.g., aspiration).