MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Dysphagia

(March 2023)

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).