A Curious Case of Dysphagia Due to Osteophytes

Um Curioso Caso de Disfagia Causada por Osteófitos



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Acta Med Port 2022 Mar;35(3):222-223 • https://doi.org/10.20344/amp.14786

Keywords: Cervical Vertebrae; Deglutition Disorders; Osteophyte **Palavras-chave:** Osteófito; Perturbações da Deglutição; Vértebras Cervicais

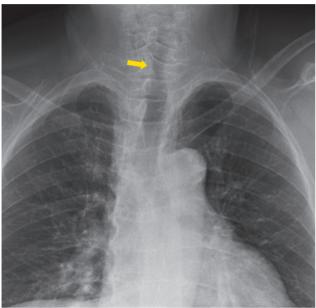


Figure 1 – Posteroanterior chest radiograph revealing a tracheal stricture (arrow)

An 80-year-old male with Parkinson's disease and partially dependent on activities of daily living (Barthel index 45) was admitted due to a first episode of community-acquired pneumonia. He also complained of long-lasting difficulty in swallowing, which his attending physician attributed to neurogenic dysphagia. Upon closer evaluation, the patient mentioned non-acute onset dysphagia, initially for liquids but now mainly affecting solid foods. The difficulty in swallowing solids was progressive, intermittent, and welllocalized to his lower neck. The chest-radiograph revealed a tracheal stricture (Fig. 1), prompting a neck computed tomography that showed an exuberant anterior osteophyte in the C4-C5 vertebrae with soft-tissue and tracheal compression (Fig. 2). The barium esophagram revealed delayed but maintained contrast progression. Although spinal osteophytes are common, occurring in one in every five elderly patients, less than 1% of osteophytes lead to dysphagia. 1-5 This case illustrates how a thorough investigation is essen-

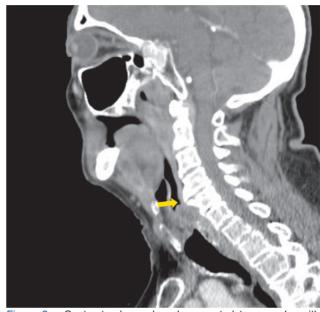


Figure 2 – Contrast-enhanced neck computed tomography with marked anterior osteophytes in the C4-C5 vertebrae (arrow)

tial to evaluate the cause of dysphagia. The patient is currently being managed through a conservative approach due to personal preference.

AUTHORS CONTRIBUTION

SM: Draft of the paper. Data interpretation. Evaluation of the patient. Responsible for the intelectual integrity of the paper.

BC: Evaluation of the patient. Data interpretation. Critical review. Responsible for the intelectual integrity of the paper.

LC: Contribution to the design of the work. Data interpretation. Critical review. Responsible for the intelectual integrity of the paper.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the 2013 Helsinki

Recebido: 26 de agosto de 2020 - Aceite: 26 de fevereiro de 2021 - First published: 08 de junho de 2021 - Online issue published: 02 de março de 2022 Copyright © Ordem dos Médicos 2022



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Declaration of the World Medical Association.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

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COMPETING INTERESTS

The authors have declared that no competing interests exist.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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