A diagnostic challenge of an elderly patient with dysphagia – a case report

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Background:

Pharyngeal pouch typically present in elderly males with dysphagia being the most common presentation. Other symptoms include sensation of foreign body stuck in the throat, regurgitation exacerbated by lying down, halitosis, recurrent lower respiratory tract infections and regurgitation of un-digested food. These patients are often reviewed by different specialities including general surgery, gastroenterology and otolaryngology due to the wide variation in the extent of symptoms. Surgical diverticulotomy is the main stay of treatment for symptomatic pharyngeal pouches.

Case report:

A 71-year-old male presented with acute symptoms of shortness of breath, ongoing progressive dysphagia and significant weight loss. A chest x-ray showed right lung base consolidation which was thought to be secondary to aspiration. A water-soluble contrast swallow was abandoned due to significant aspiration after SLT review. An upper gastrointestinal endoscopy could not be completed due to distal oesophageal obstruction. A cross-sectional imaging study confirmed dilatation of upper oesophagus (Fig 1-2).

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2.

An otolaryngology opinion was sought by the general surgery team. On rigid endoscopy a very large pharyngeal pouch was found compressing the oesophagus. Stapling was carried out. The patient made a remarkable recovery with no further concerns regarding further aspiration.

Conclusion:

There was a delay in diagnosis due to the patient being seen by different specialities, CT reporting only dilatation of oesophagus and symptoms thought to be age-related. We think otolaryngologists should be involved early in patients with recurrent aspiration pneumonia.

References

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