AN UNUSUAL CASE OF DYSPHAGIA:

THE IMPORTANCE OF PHYSICAL EXAM

WISCONSIN ACP CHAPTER MEETING
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THE CASE:

HPI: 75 yom presents with progressive, continuous dysphagia:

- 6 weeks duration – first solids now liquids and solids
- No associated odynophagia
- +15# weight loss
- No dysarthria but hoarse voice
- + cough productive of clear phlegm
- Occasional regurgitation through nose
- +repetitive swallow for success
- Stuck retrosternum
THE CASE:

PMH:

- GERD with h/o Schatzki’s ring requiring dilation
- Metastatic prostate cancer with predominantly bony mets; no XRT to thorax
- H/o of C spine trauma following MVA with hardware in place
- Degenerative disease of C spine

Meds:

- Recently treated with sipuleucel-T
- No PPI or H2 blocker
THE CASE:

PE:

157/80  36.4  78  18  98% on RA  Wt. 50.3 kg  BMI 17.11 kg/m²

Gen: thin, elderly man in NAD

HEENT: clear, moist oropharynx, facial movements symmetric, **tongue deviates to L on extension w/o evidence of atrophy or fasciculations**

Neck: supple, trachea midline, no apparent masses

Abdomen: scaphoid but soft, nontender with normal bowel sounds and no organomegaly

Neuro: A&O x 3, moving all four extremities equally and w/o rigidity, no focal weakness

Studies:

- CBC notable only for mild normocytic, stable anemia
- CMP notable only for an alk phos of 413
- 2 view CXR with clear lung fields, evidence of metastatic disease to ribs and degenerative changes in C and T spine

Image courtesy of University of California San Diego: A Practical Guide to Clinical Medicine
WHAT NOW?

1. Distinguish **DYSPHAGIA** from ODYNOPHAGIA, GLOBUS or XEROSTOMIA

2. Distinguish between *oropharyngeal* and *esophageal* dysphagia

**Oropharyngeal**
- Delayed/absent swallow initiation
- Postnasal regurgitation
- Cough
- Repetitive swallowing

**Esophageal**
- Food stuck in retrosternum

But what about that tongue?

THE DIFFERENTIAL:

1. Oropharyngeal Motility Disorders:
   1. Central Nervous System Disease: CVA, Parkinson’s disease, brain stem tumor
   2. Degenerative Diseases: ALS, MS, Huntington’s
   3. Post-Infectious – poliomyelitis, syphilis
   4. Peripheral Nervous System Disorder – peripheral neuropathy
   5. Motor End Plate Dysfunction – myasthenia gravis
   6. Skeletal Muscle Disease – dermatomyositis, polymyositis

Sipuleucel-t (PROVENGE®)

- Cancer vaccine approved by FDA in April 2010
- “For the treatment of asymptomatic or minimally symptomatic metastatic castrate resistant (hormone refractory) prostate cancer”
**Concern re: increased rates of CVA**

- Higano et al published combination of 2 RCTs evaluating treatment of 225 patients which demonstrated 7.5% rate of CVA in treatment arm versus 2.6% in placebo arm.

**Package insert:**

*Cerebrovascular Events*

In controlled clinical trials, cerebrovascular events, including hemorrhagic and ischemic strokes, were observed in 3.5% of patients in the PROVENGE group compared with 2.6% of patients in the control group.


1. Video Swallow Study
   1. Severely decreased oropharyngeal motility with aspiration of thin liquids

2. MRI/MRA head
   1. New thrombosis in L sigmoid sinus extending down through L internal jugular vein to at least C2-C3
   2. Worsening metastatic disease within clivus, calvarium, C2 and C3
EVALUATION:

3. CT neck:
   1. Enhancing extraosseous tumor likely extending directly from bony metastatic disease involving medial aspect of L occipital condyle that extends both intracranially and extracranially up the clivus encasing the L hypoglossal canal and into the L jugular formane.

1. This is the likely cause for the IJ and sigmoid sinus thrombosis as well as medialization of L vocal fold, atrophy of L tongue muscle and consistent with clinical picture of dysphagia and hoarseness.
REFERENCES:


QUESTIONS?