

ORAL PRESENTATION 2-3

뇌신경재활

발표일시 및 장소 : 10 월 27 일(토) 10:00-10:10 Room C(5F)

OP2-3-1

Effect of Endoscopic Intervention for Dysphagia Patients with Lateral Medullary Infarction

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Background and Purpose

Dysphagia is considered to be a significant barrier for recovery after lateral medullary infarction (LMI). However, there is still no gold standard treatment for dysphagia. The aim of this study was to compare early treatment options for swallowing dysfunction after acute LMI.

Methods

Medical records of acute LMI patients who had been admitted to the department of rehabilitation medicine from January 2014 to December 2017 were reviewed retrospectively. Treatment strategies included conventional dysphagia rehabilitation or early endoscopic intervention, using either botulinum toxin injection into the cricopharyngeus muscle or endoscopic balloon dilatation (EBD) of the muscle (Figure 1). Outcomes, such as duration of parental feeding, albumin level at diet transition to enteral feeding, and complications, were compared between treatment strategies.

Results

A total of 18 patients with LMI were enrolled. While eight patients (8/9, 88.89%) in the endoscopic group were capable of orally ingesting their diet after intervention, the conversion from tube feeding to an oral diet was possible in only five patients (5/9, 55.56%) of the conventional group during hospitalization. However, the difference between the two groups was not significant (p -value ≤ 0.147 , chi-square test). Only the final dietary level at the time of discharge was higher in endoscopic group, while there was no change in albumin levels, final hemoglobin levels, and follow-up video fluoroscopic swallowing study (VFSS) scores. The conversion interval from tube feeding to oral diet was also comparable between groups. There was no re-conversion from the oral diet to tube feeding in patients of either group during the median follow-up period of 20 months.

Conclusions

Early endoscopic intervention may be a better option for dysphagia with LMI, compared to conventional dysphagia rehabilitation. However, a larger and prospective trial may be needed to confirm our observations.



Figure 1. Endoscopic intervention. (a) Endoscopic balloon dilatation was performed by dilating a CRE balloon up to 20 mm with 6 atm pressure. (b, c) Botulinum toxin was injected into 4 UES quadrants with cap-assisted endoscopy.