

P-69 Effect of Diffuse Idiopathic Skeletal Hyperostosis of Cervical Spine on swallowing : a case series

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Introduction

Diffuse idiopathic skeletal hyperostosis (DISH) is characterized by the abnormal ossification and calcification of ligaments, particularly in the cervical spine, which can lead to tracheal and esophageal compression, resulting in dysphagia and airway obstruction. We report a case series of severe DISH with swallowing difficulties.

Case Report

A 70-year-old male presented with a 6-month history of dysphagia. Videofluoroscopic swallowing studies (VFSS) revealed hypopharyngeal compression by large cervical osteophytes, with contrast pooling in the valleculae and aspiration (Fig 1. A.). Computed tomography (CT) showed extensive hyperostosis and flowing ossification along the cervical spine (Fig 1. B.). The diagnosis was dysphagia caused by DISH. Although surgery was recommended due to severity of the dysphagia, the patient declined and subsequently required tube feeding.

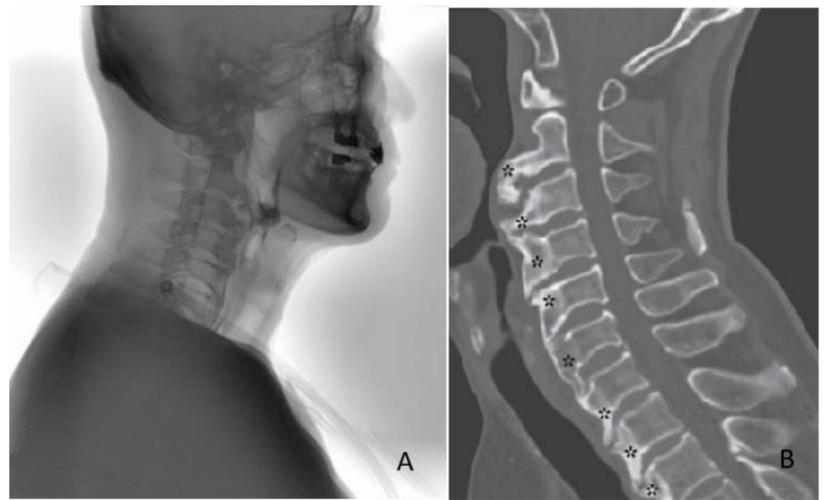


Fig 1. A. VFSS image and B. CT image of the first case patient.

A 77-year-old male presented with dysphagia that had begun 6 months ago. Cervical spine X-rays revealed DISH at the C3-4-5 levels (Fig 2. A.), and the patient opted for surgery to improve his swallowing ability. Preoperative VFSS showed significant residue in the vallecular fossa and delayed aspiration, indicating a high risk of aspiration pneumonia (Fig 3. A.). Ten days postoperatively, X-rays confirmed the removal of the osteophytes at the C3-4-5 levels (Fig 2. B), and VFSS showed reduced residue in the vallecular fossa and no aspiration during swallowing (Fig 3. B).



Fig 2. A. Preoperative and B. Postoperative X-ray image of the second case patient.

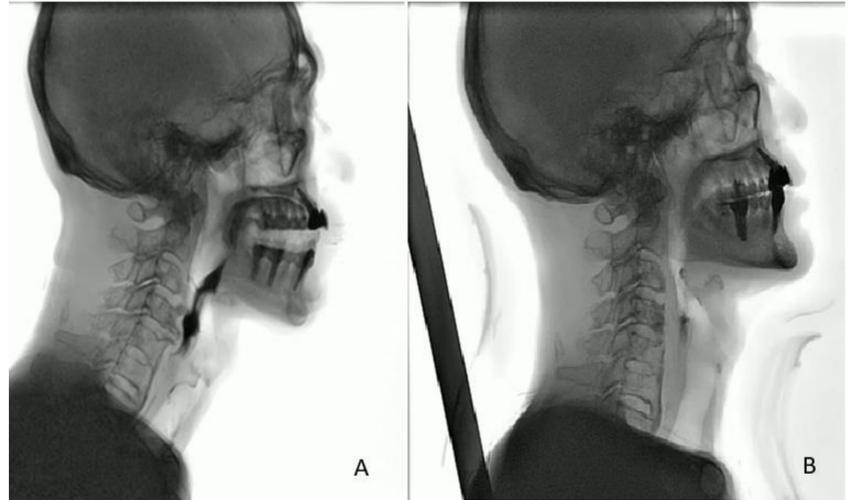


Fig 3. A. Preoperative and B. Postoperative VFSS image of the second case patient.

Conclusion

To summarize, cervical DISH can occasionally cause dysphagia. While conservative treatments can be attempted, their effectiveness is not well established. The treatment for DISH-induced dysphagia is primarily surgical, specifically osteophyctomy. Surgical outcomes are generally excellent, with about 95.5% of patients experiencing improvement in dysphagia. Therefore, in cases where dysphagia is diagnosed as being caused by DISH, surgical treatment is recommended.