DISH as an Unusual Cause of Progressive Dysphagia

1. Christine A Mitchell, MD, FACP, Department of Medicine, Veterans Affairs Medical Center, Omaha NE
2. Joel Kruse, PGY2, Dept. of Internal Medicine, University of Nebraska Medical center, Omaha NE

INTRODUCTION

- Osteophytes are fibrocartilage-capped bony spurs formed in any joint during bone remodeling, often in response to prolonged wear and tear.
- Osteophytes can be quite prominent in the cervical and thoracic spines of patients with DISH. When they impinge on local structures they cause atypical symptoms in unexpected locations.

CASE PRESENTATION

- 80-year-old male with osteoarthritis presented to an urgent access clinic with a 2 week history of odynophagia.
- Patient reports several years of progressive intermittent dysphagia to solids and then liquids including saliva.
- His dysphagia and odynophagia were position dependent, improving with anterior projection of his neck and chin. He had no improvement with a PPI trial.
- He developed an 18 pound weight loss and chronic posterior neck stiffness affecting his Golf game and activities of daily living.

PHYSICAL EXAM

- Bilateral cervical lateral rotation was limited by stiffness and discomfort. His anterior neck was diffusely indurated with nodularity particularly overlying and superior to the right aspect of the thyroid cartilage without any tenderness to palpation or obvious visible deformity.

IMAGING

- Contrast CT of his head and neck showed diffuse idiopathic spinal hyperostosis with numerous large osteophytes protruding anteriorly from the cervical and thoracic vertebral bodies.
- The osteophyte at C3-5 was causing significant displacement and compression of the esophagus.
- Barium swallow noted normal oropharyngeal function but delayed clearance of bolus due to external compression effects on the epiglottis and valvulae.

CLINICAL COURSE

- ENT consulted for a flexible laryngoscopy and was unremarkable.
- Neurosurgery consulted and he successfully underwent anterior cervical dissection and fusion of cervical vertebra to remove the osteophyte.
- His symptoms subsequently resolved immediately following the surgery.

DISCUSSION

- Common regenerative bone diseases can present atypically with serious and unexpected complications.
- Bony deformities should be considered when assessing patients with dysphagia, odynophagia, dysphonia, or dyspnea in the context of known degenerative joint disease such as DISH.
- Although this is a rare etiology for dysphagia, it is important to appreciate the compression potential on local structures that can occur with osteophytes since it is surgically correctable.

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Figure 1A: Axial cervical CT showing Large anterolateral Osteophyte at C3-4 compressing and displacing the esophagus
Figure 1B: Sagittal cervical CT showing Advanced DISH
Figure 1C: Sagittal cervical CT Showing Post-ACDF repair
Figure 1D: Sagittal cervical CT Showing Thoracic DISH
Figure 2A: Axial Thoracic CT showing Large anterolateral Osteophyte at C6-7
Figure 2B: Axial Thoracic CT showing Large anterolateral Osteophyte at T1-2
Figure 2C: Sagittal Thoracic CT Showing Advanced DISH
Figure 2D: Axial Thoracic CT
Figure 3A: Axial cervical CT showing Large Osteophyte at C6
Figure 3B: Axial cervical CT showing Large Osteophyte at C7-1
Figure 3C: Sagittal cervical CT Showing Post-ACDF repair
Figure 3D: Sagittal cervical CT Showing Advanced Thoracic DISH