

An Unusual Case of Dysphagia Secondary to Cervical Osteophytes

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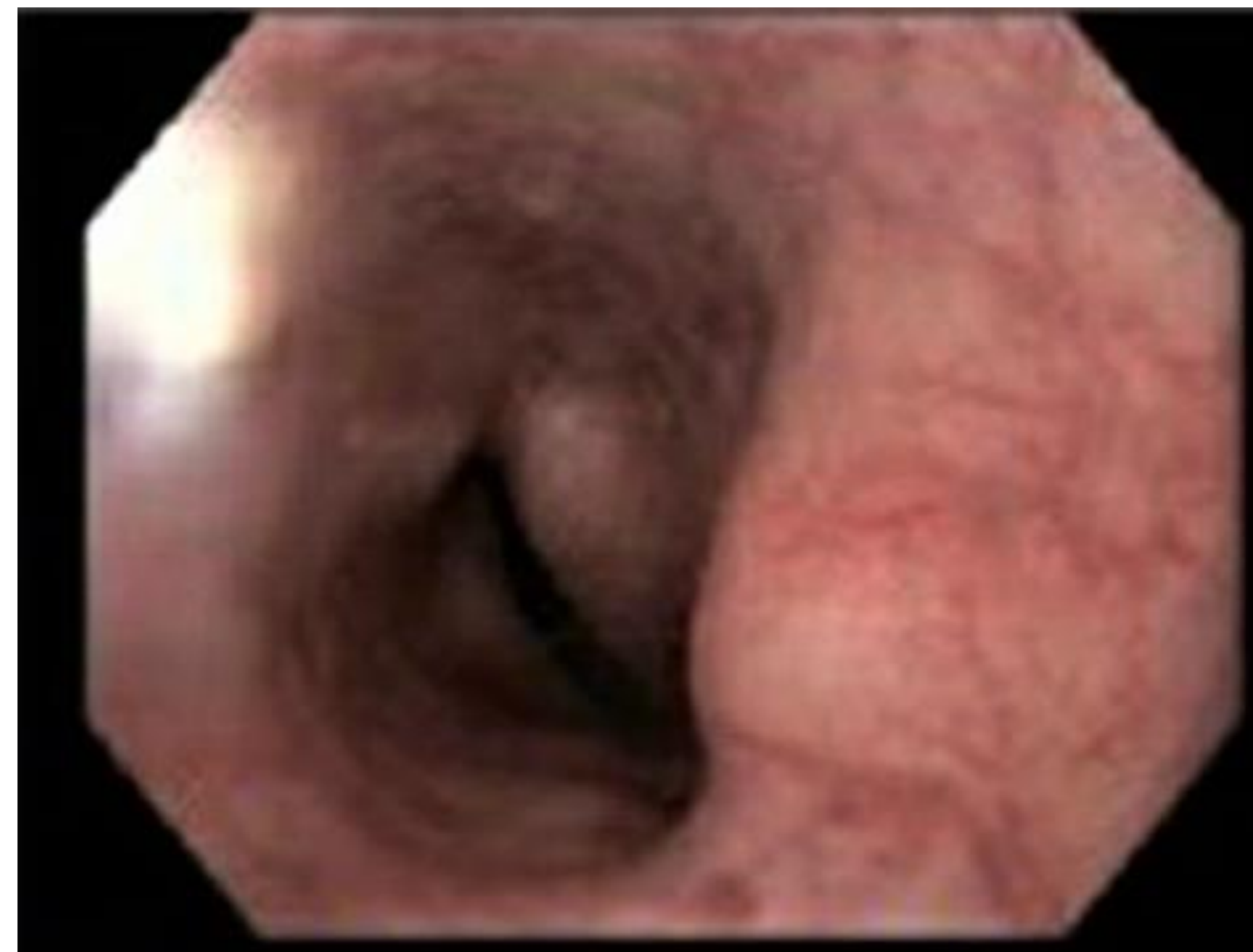
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CASE PRESENTATION

- A 66-year-old woman with a PMH of GERD, Barrett's esophagus and systolic heart failure was admitted for heart failure exacerbation requiring IV diuresis.
- Patient reported “years” of globus sensation in esophagus and difficulty swallowing.
- Barium swallow showed filling defect with dysmotility and EGD demonstrated two hard protrusions in the upper to mid esophagus.
- CT abdomen/pelvis demonstrated vertebral osteophytes that were so large they were pressing into the esophagus.



EGD revealing two protrusions in the upper to mid esophagus with hard texture.



CT abd/pelvis demonstrating osteophytes protruding into the esophagus

OBJECTIVES

1. Recognize osteophytes as a differential for dysphagia
2. Recognize the possible management of dysphagia caused by osteophytes

INTRODUCTION

Leading causes of dysphagia include esophageal stricture, Schatzki ring, eosinophilic esophagitis, esophageal spasm, and achalasia. Cervical osteophytes are an uncommon cause of dysphagia. We report a woman who presented with dysphagia and was found by esophagogastroduodenoscopy (EGD) to have protrusions in the upper and mid esophagus consistent with cervical osteophytes.

CONCLUSION

Cervical osteophytes can cause dysphagia, odynophagia, and globus sensation when they protrude from the anterior cervical vertebrae into the esophagus. This can cause mechanical compression leading to obstruction as well as spasm inflammation and spasm. Dysphagia caused by cervical osteophytes is usually managed with dietary modifications, swallowing therapy, and non-steroidal anti-inflammatory drugs. When conservative management fails, or osteophytes become large, surgical intervention is recommended. Complications of osteophyte resection include vocal cord palsy, esophageal perforation or fistula formation, and Horner syndrome. Clinicians should consider this rare cause of dysphagia in the differential for dysphagia patients and consider the risks and benefits of surgical intervention should conservative management fail.

REFERENCES

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3941753/>