

PS1.234

Medical approach of dysphagia

Marta Ribeiro, AR Faustino

USF D. Diniz, Leiria, Portugal

Corresponding author: Miss Marta Ribeiro, USF D. Diniz, MGF, Porto, Portugal. E-mail: martaribeiro@gmail.com

Background and Aim: Dysphagia is a subjective and/or objective sensation, that limits the passage of liquids or solids from the oral cavity to the stomach. It is considered to be an alarm symptom, specially in elderly people. An initial medical evaluation is needed to define the exact cause to initiate appropriate therapy.

Method: Publications between 2002 and 2015 on sources of evidence-based medicine and scientific society (Pubmed and UpDate) in English and Portuguese. Mesh terms: 'Deglutition Disorders' and 'Patient Care Management'. Exclusive criteria: pediatric patients.

Results: A careful history is the most important step during the medical interview. The history can also help distinguish dysphagia from odynophagia and globus sensation. A critical component of the medical history is determining the types of food that produce symptoms (solids, liquids, or both) and the temporal progression of symptoms. Thus, it will be easier to distinguish oropharyngeal from esophageal dysphagia. A large number of conditions are associated with esophageal dysphagia such as peptic stricture, Eosinophilic esophagitis, esophageal webs and rings, carcinoma, cardiovascular abnormalities, Achalasia and autoimmune diseases. Functional dysphagia is a diagnosis of exclusion in patients without evidence of a structural abnormality or motility disturbance. Specific tests can be rolled such as endoscopy, barium swallow and swollen test in patient with neurologic pathologies. The choice of specific testing depends upon the clinical presentation and available expertise. Patients who present with acute dysphagia require immediate evaluation and intervention. Treating dysphagia depends on the initial cause: swallowing rehabilitation, surgery and or dietary modifications could be needed.

Conclusions: The goals of treatment dysphagia are to improve food transfer and to prevent aspiration, specially in elderly people. The primary care provider has an important role in recognizing clinical manifestations of this condition in its early stages and in initiating the appropriate diagnostic workup.