



## Case Report

Nonaneurysmatic Dysphagia Aortica in the Elderly: Three Case Reports and Literature Review<sup>☆</sup>Yi-Hsueh Chan<sup>1,2</sup>, Chien-Yuan Hung<sup>1,2,3,4</sup>, Tze-Yu Shieh<sup>1,2,4</sup>, Horng-Yuan Wang<sup>1,2,3,4</sup>, Ching-Wei Chang<sup>1,2,4</sup>, Shou-Chuan Shih<sup>1,2,3,4</sup>, Ming-Jen Chen<sup>1,2,4\*</sup><sup>1</sup> Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, <sup>2</sup> Department of Nursing, Mackay Junior College of Medicine, Nursing, and Management, <sup>3</sup> Health Evaluation Center, Mackay Memorial Hospital, Taipei, <sup>4</sup> Department of Medicine, Mackay Medical College, New Taipei, Taiwan

## ARTICLE INFO

## Article history:

Received 30 August 2014

Received in revised form

13 November 2014

Accepted 5 December 2014

## Keywords:

aged,  
aneurysm,  
deglutition disorders,  
endoscopy,  
esophagus

## SUMMARY

Dysphagia is a remarkably prevalent disorder in the elderly. Both age-related changes in swallowing physiology and age-related diseases are predisposing factors for dysphagia in the elderly. Dysphagia aortica is a rare etiology of dysphagia resulting from extrinsic compression of the esophagus by an aneurysm or by a tortuous and elongated thoracic aorta. Clinical findings of dysphagia aortica resemble those of esophageal malignancy or esophageal motility disorders. Dysphagia aortica not related to an aneurysm is usually observed in the elderly, especially in female patients with hypertensive cardiomyopathy or kyphosis. However, dysphagia aortica may occur in the aging population without underlying aneurysm or kyphosis. Here, we report three cases of nonaneurysmatic dysphagia aortica and review the literature to report the diagnostic approach and treatments used for this condition. Dysphagia aortica should be considered in the differential diagnosis of dysphagia, especially in the growing elderly population with cardiovascular disease or hypertension.

Copyright © 2016, Taiwan Society of Geriatric Emergency & Critical Care Medicine. Published by Elsevier Taiwan LLC. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Dysphagia is the subjective awareness of difficulty in swallowing. Patients often complain of the sensation of food sticking in their throat or chest. Age-related changes in swallowing function and age-related diseases are predisposing factors for dysphagia in the elderly. Dysphagia may occur because of mechanical, neuromuscular, or functional conditions<sup>1</sup>. Dysphagia with solids and liquids is suggestive of a motility problem. Dysphagia that occurs mainly with solids, and only rarely with liquids, suggests a mechanical obstruction with luminal compression. Patients with esophageal cancer tend to be older men and have progressive weight loss. Careful history taking is critical in elucidating the origin of dysphagia and for determining the best way to manage this distressing condition.

An unusual mechanical cause of dysphagia is dysphagia aortica, which is caused by extrinsic compression of the esophagus by the aorta, and results in progressive intolerance to solids and concomitant weight loss. Patients may be able to force food through the esophagus via Valsalva maneuver. Close questioning of the patient may reveal a recent change in preference for soft foods. This condition was first described by Pape<sup>2</sup> in 1932 and is classically observed in the elderly with a history of hypertension, atherosclerotic aortic changes,<sup>3,4</sup> and kyphotic degenerative changes of the spine<sup>5</sup>.

Esophageal compression by an aneurysm is the most common cause of dysphagia aortica. Nonaneurysmal aortic dysphagia is usually observed in the elderly, especially in hypertensive women with cardiomyopathy and degenerative osteopathy<sup>5,6</sup>. We report three patients diagnosed with dysphagia aortica who presented with various clinical symptoms.

## 2. Case Reports

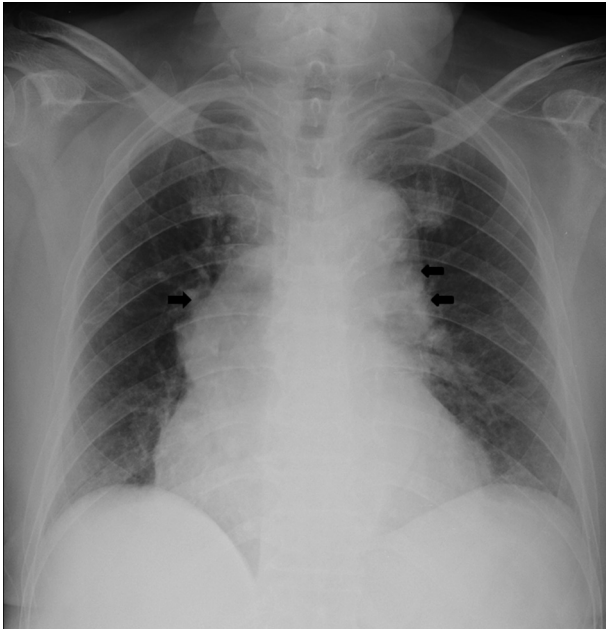
## 2.1. Case 1

A 78-year-old woman visited our clinic owing to postprandial abdominal fullness and progressive dysphagia to solids for

<sup>☆</sup> Conflicts of interest: All contributing authors declare that they have no conflicts of interest.

\* Correspondence to: Dr Ming-Jen Chen, Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, Number 92, Section 2, Chungshan North Road, Taipei, Taiwan.

E-mail address: [mingjen.ch@msa.hinet.net](mailto:mingjen.ch@msa.hinet.net) (M.-J. Chen).



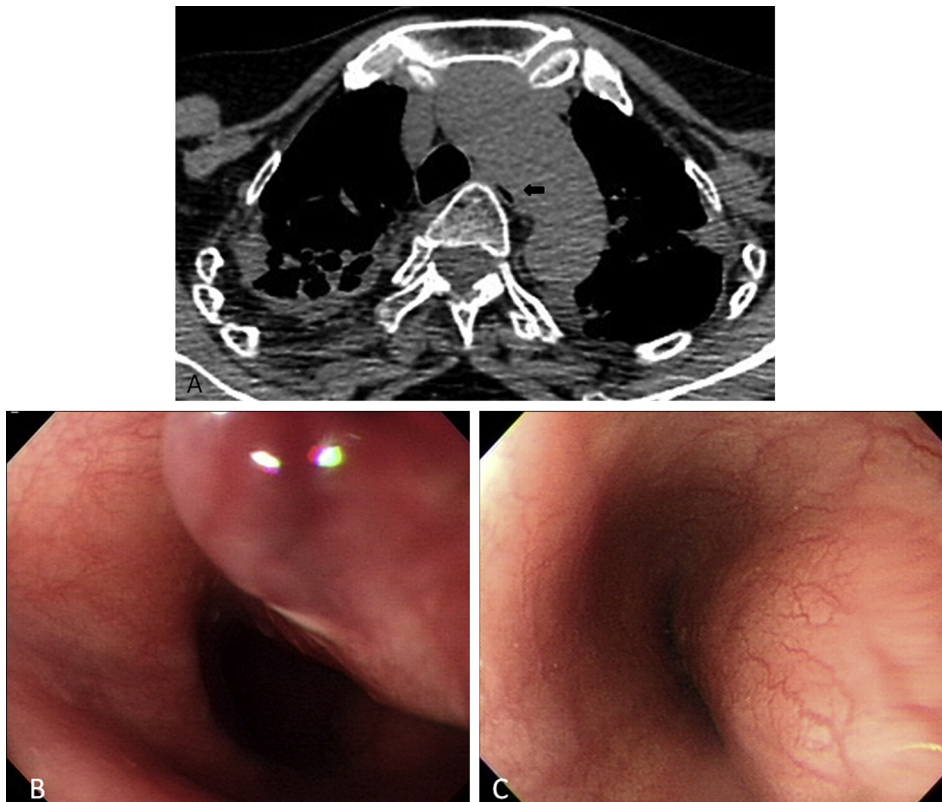
**Figure 1.** Chest radiography showed aortic calcification, tortuosity of the descending aorta, and enlargement of the right atrium (arrow).

months. Her symptoms worsened during a meal. Her past medical history included chronic viral hepatitis B, chronic renal failure, and congestive heart failure, which were all followed regularly and controlled with medication. Hematological and

biochemical investigations revealed only mild anemia (hemoglobin level: 9.0 g/dL). Esophagogastroduodenoscopy (EGD) showed external compression of the middle esophagus. Chest radiography showed aortic calcification, tortuosity of the descending aorta, and enlargement of the right atrium (Figure 1). Despite treatment with prokinetic agents, her symptoms persisted. She was diagnosed with dysphagia aortica. She continued to complain of easy satiety, nausea, and poor appetite with a poor performance, and was bedridden. One year after the diagnosis of dysphagia aortica, she developed aspiration pneumonia complicated by progressive impairment of renal function and acute congestive heart failure. The patient died from renal failure and acute pulmonary edema.

### 2.2. Case 2

A 63-year-old woman with a 10-year history of hypertension controlled by medication visited our emergency department owing to an episode of foreign body impaction. Chest radiography showed thoracolumbar scoliosis and tortuosity of the descending aorta. Her chest computed tomography showed thoracolumbar scoliosis, and aortic arch and descending aorta atherosclerosis compressing into the adjacent esophagus (Figure 2A). There was no evidence of disruption of the aortic wall or extravasation of contrast media into the esophageal lumen. EGD showed an intramural hematoma over the upper esophagus due to previous food impaction (Figure 2B). After treatment with sucralfate gel, EGD showed narrowing of the middle esophageal lumen (Figure 2C) and resolution of the intramural hematoma after 2 weeks. After modifying her diet and increasing the frequency of taking in small meals, dysphagia resolved.



**Figure 2.** (A) Chest computed tomography showed thoracolumbar scoliosis, and aortic arch and descending aorta atherosclerosis compressing into the adjacent esophagus. (B) EGD showed an intramural hematoma over the upper esophagus due to previous food impaction. (C) Two weeks after treatment, EGD showed narrowing of the middle esophageal lumen. EGD = esophagogastroduodenoscopy.

Download English Version:

<https://daneshyari.com/en/article/3325139>

Download Persian Version:

<https://daneshyari.com/article/3325139>

[Daneshyari.com](https://daneshyari.com)