



# An Unusual Cause of Dysphagia

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## Case Presentation

A 76-year-old man, with no addiction presented to the otorhinolaryngology outpatient clinic with a two-year history of foreign body sensation in throat, mild dysphagia only for solids, and change in voice. On flexion of neck he also had difficulty in breathing. There was no associated regurgitation of food, excessive coughing, or weight loss. Physical and fiberoptic examination revealed a mucosa-covered bulge over posterior pharyngeal wall extending above the level of epiglottis to level of arytenoids below (Fig. 1, video 1). Lateral cervical radiograph is shown in Fig. 2.

## What Is the Diagnosis?

Lateral cervical X-ray showed large coarse floating osteophytes compressing the esophageal lumen and narrowing of airway on flexing neck (Fig. 2). A CT scan of neck and chest

revealed multiple anterior osteophytes with preservation of intervertebral disc space of cervical and thoracic vertebrae with extrinsic compression of cervical esophagus suggestive of diffuse idiopathic skeletal hyperostosis (DISH) or Forestier disease (Fig. 3).

## Discussion

Forestier disease or DISH, a rheumatological condition of unknown etiology is characterized by continuous ossification of ligaments and entheses, especially in the axial skeleton but also in peripheral joints [1]. Forestier first described this entity in 1950 as a case of senile ankylosing hyperostosis of the spine, and it was renamed as DISH by Resnick et al. in 1975 [2, 3]. Radiological diagnostic criteria's include continuous ossification of the anterior longitudinal ligament involving at least four contiguous vertebra, lack of intervertebral ankyloses or fusion, and preservation of intervertebral

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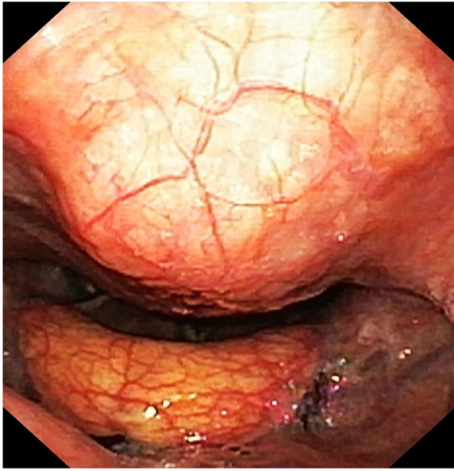
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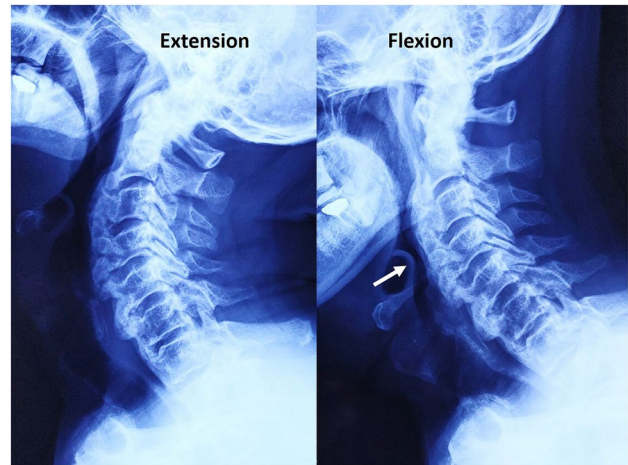
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**Fig. 1** Endoscopic image showing bulge in the posterior pharyngeal wall in neutral neck position causing partial obstruction of airway lumen

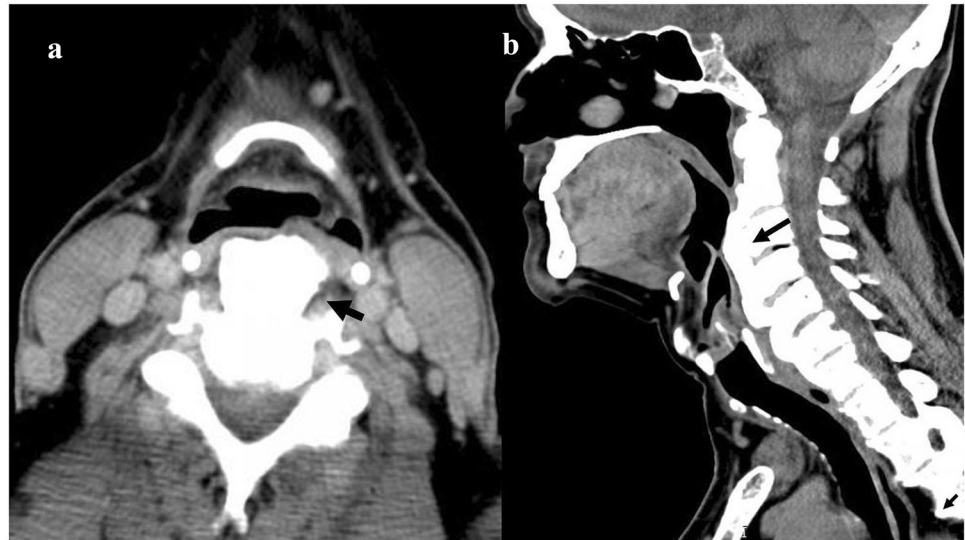


**Fig. 2** Lateral cervical radiograph showing anterior flowing osteophytes from C3 to D1 vertebrae in extension and flexion of neck causing luminal airway compromise (arrow)

disc height [3]. Despite the impressive structural changes, patients with DISH may be largely asymptomatic. Cervical involvement with large anterior osteophytes can present with dysphagia, dyspnea, or dysphonia as in our case [1]. Treatment is mainly conservative with diet modification, analgesic and anti-inflammatory medication, and muscle relaxants [4]. Surgery is indicated for patients with severe

symptoms such as progressive dysphagia, respiratory distress, and in whom the conservative approach has failed [1, 5]. Our patient was reassured about the condition and also because of the COVID-19 pandemic surgery was not advised. In six-month follow-up, the patient remained free of symptom progression.

**Fig. 3** Non-contrast computed tomography scan of neck and chest **a** axial and **b** sagittal sections showing multiple osteophytes with preservation of intervertebral disc space involving cervical and thoracic vertebrae (arrows) suggestive of DISH



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### Compliance with Ethical Standards

**Conflict of interest** The author declares that they have no conflict of interest.

**Statement of Human and Animal Rights** This case image complies with the ethical standards outlined in the journal. It involved the medical management of a patient as per society guidelines and was in accordance with the ethical standards of the institution. This case was not formal research involving Human participants and/or Animals.

**Informed Consent** Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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