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Gastroenterology

Man with dysphagia after esophagogastroduodenoscopy

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PATIENT PRESENTATION

A 55-year-old man with a history of cirrhosis secondary to hepatitis B complicated by hepatocellular carcinoma and esophageal varices presented to the emergency department (ED) with dysphagia and the feeling of a ball in his throat. His symptoms started after a screening esophagogastroduodenoscopy (EGD) 2 days before arrival. The EGD report was significant for banded distal esophageal varices and other sequelae of cirrhosis. In the ED, he was afebrile with normal vital signs. Examination of his oropharynx revealed uvular edema and necrosis at the tip of the uvula (Figures 1 and 2) without surrounding erythema, exudates, or masses. His complete blood count and comprehensive metabolic profile were at his baseline. He received a dose of 8 mg intravenous dexamethasone, subsequently tolerated oral intake, and was discharged with outpatient gastroenterology follow-up.

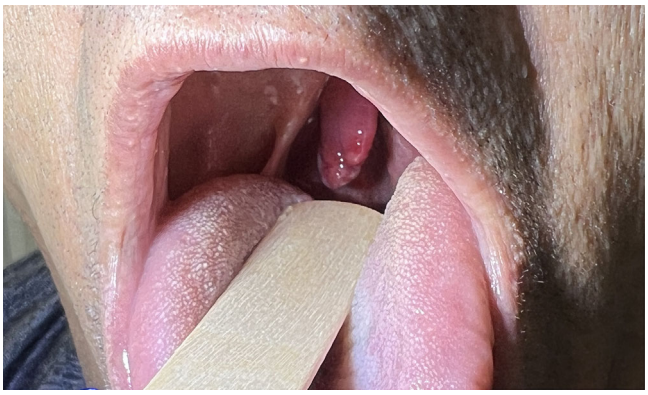

FIGURE 1 Oropharyngeal exam reveals asymmetric uvular edema

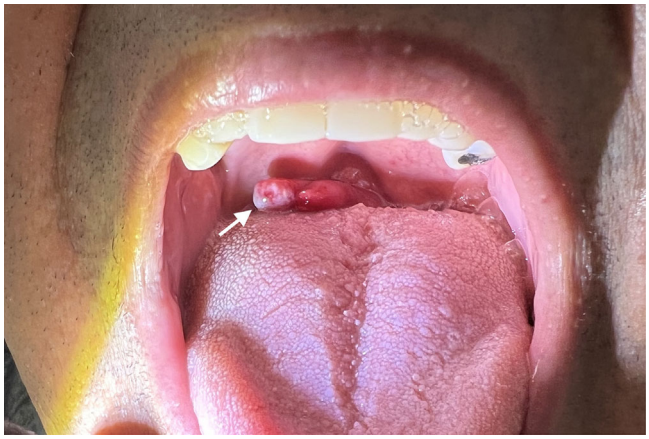

FIGURE 2 Uvular tip demonstrating friable, necrotic tissue (arrow)

DIAGNOSIS

Uvular edema and necrosis

Uvular edema and necrosis are rare but established complications of oropharyngeal procedures, such as endotracheal intubation and endoscopy. They are hypothesized to arise from the disruption of perfusion to a section of the uvula as a result of excessive suction applied to the oropharynx,[1–3] compression of the uvula against the palate,[3,4] or mechanical distortion of the uvular tissues.[1] They should be considered whenever a patient has excessive or persistent dysphagia after oropharyngeal manipulation. Although there is no established protocol, antihistamines, steroids, and antibiotics are commonly used for

treatment.[1,2] If patients can tolerate oral liquids and swallow their secretions, they can be managed as outpatients. Most patients recover without complications.[1–4] Some patients report that the necrotic area sheds off spontaneously in several days.[3]

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