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Cardiac Dysphagia: A Review

Topic: Miscellaneous

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BACKGROUND

Dysphagia is one of the most common complaints and referral reasons in Physical Medicine and Rehabilitation practice. Though its mechanisms are well studied and described, regarding the affected phase of deglutition or its etiology, dysphagia due to cardiovascular causes is often rarely diagnosed or overlooked due to low clinical suspicion and clinicians' awareness. Cardiac dysphagia is defined as an extrinsic compression of the esophagus by a cardiovascular structure resulting in distress on the patient and further complications if left without treatment.

Our aim is to review the current literature describing cardiac dysphagia, highlighting its causes, clinical presentation, treatment and prognosis, and raising awareness to the importance of its diagnosis and its further implications.

METHODS

We conducted a literature search using the Pubmed and Googlescholar databases, using the keywords cardiac dysphagia and cardiovascular dysphagia. We included case reports, literature reviews, systematic reviews and meta-analysis describing cardiac dysphagia etiology, its diagnosis, treatment and prognosis. Studies describing other causes of dysphagia were excluded.

RESULTS

Cardiovascular disease leading to dysphagia through esophageal compression can be divided into three groups. The first one being congenital, including conditions like atrial septal defects, ventricular septal defect, or dysphagia lusoria. Another group includes acquired causes, such as mitral valve disorders, aortic arch disorders (including aortic arch aneurysms) and other disorders such as those conditioning an enlarged left atrium. And finally, iatrogenic causes such as closure of patent ductus arteriosus, cardiac or thoracic surgery, among others. When this esophageal compression is accompanied by recurrent laryngeal nerve impingement, the patients might suffer from Ortner syndrome, characterized by dysphagia and dysphonia of cardiovascular cause. Dysphagia in patients presenting with such conditions is often overlooked, not being systematically questioned and therefore not found, though dysphagia is a relative contraindication to performing an transesophageal echocardiogram and should be questioned when requesting the exam. Mild to moderate cases might be managed conservatively, including initiating a rehabilitation program to improve symptoms, but severe cases might warrant surgical management. Prognosis is often good, considering the benign nature of most of its causes and the good response to management

CONCLUSION

Cardiac dysphagia is a rare entity caused by congenital, acquired or iatrogenic cardiovascular disease, it can have various degrees of severity depending on the anatomical structures affected, therefore a clear diagnosis is essential to properly determine its management. It's important to raise awareness on this entity for better clinical guidance.

Statement of Disclosures

None

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