

DYSPHAGIA

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration (odynophagia?!!!)
Analysis of the Chief Complaint
Site: At what level does the food stick Onset: (sudden or gradual) Character Fluids, Solids or both (at the same time!), Stage the dysphagia occurs: initiating swallowing, after initiation swallowing? Associated symptoms (finish the CC analysis then ask about them ↓) Timing (Progression, episodic (intermittent) or continuous) Severity (Is there complete obstruction , regurgitation?)
Associated symptoms Constitutional: - Weight loss - Loss of appetite - Night sweat. - fever URTI: Cough, nasal congestion, sore throat. Neurological: vision problem, tremor, Recurrent choking (previous strokes). GI: Nausea/vomiting, Regurgitation, heart burn, Bloating/abdominal swelling, Early satiety, Jaundice/ RUQP/ Steatorrhea, Bowel habit, Melena and Hematochezia. Scleroderma: Skin tightness and discoloration (Raynaud Phenomenon). Myasthenia gravis: Ptosis, diplopia, fatigue Pharyngeal pouch (zenker diverticulum) Neck bulge , gurgle on drinking or halitosis ?
Review of systems
Past medical +Blood transfusion and surgical +Trauma. • Stroke • Thyroid problems (Goiter) • PUD and GERD •Scleroderma •Iron deficiency. • Previous admission. • Previous surgeries.
Drug HX: → • NSAIDs • Bisphosphonates/Doxycycline •Use of antacids (related to GERD and PUD).
Family HX: Esophageal cancer, neuromuscular diseases , any chronic illnesses
Social HX: • Alcohol (peptic ulcer disease, gastritis) • Smoking • Illicit drug use • Diet: spicy foods (peptic ulcer disease)

(DDX: URTI, Esophageal cancer, Achalasia, Scleroderma, Neurological, GERD, PUD)

Investigations:

1. Manometry, Barium swallow
2. Upper endoscopy
3. 24 PH monitoring
4. Anti Ach antibodies