

DYSPHAGIA

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration (odynophagia?!!!)
Analysis of the Chief Complaint
<p>Site: At what level does the food stick</p> <p>Onset: (sudden or gradual)</p> <p>Character Fluids, Solids or both (at the same time!), Stage the dysphagia occurs: initiating swallowing, after initiation swallowing?</p> <p>Associated symptoms (finish the CC analysis then ask about them ↓)</p> <p>Timing (Progression, episodic (intermittent) or continuous)</p> <p>Severity (Is there complete obstruction , regurgitation?)</p>
<p>Associated symptoms</p> <p>Constitutional:</p> <ul style="list-style-type: none"> - Weight loss - Loss of appetite - Night sweat. - fever <p>URTI: Cough, nasal congestion, sore throat.</p> <p>Neurological: vision problem, tremor, Recurrent choking (previous strokes).</p> <p>GI: Nausea/vomiting, Regurgitation, heart burn, Bloating/abdominal swelling, Early satiety, Jaundice/ RUQP/ Steatorrhea, Bowel habit, Melena and Hematochezia.</p> <p>Scleroderma: Skin tightness and discoloration (Raynaud Phenomenon).</p> <p>Myasthenia gravis: Ptosis, diplopia, fatigue</p> <p>Pharyngeal pouch (zenker diverticulum) Neck bulge , gurgle on drinking or halitosis ?</p>
Review of systems
<p>Past medical +Blood transfusion and surgical +Trauma.</p> <ul style="list-style-type: none"> • 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