



Patient Data Sheet

- Patient Name : Mr. James Wormwood
- Clinical Settings : Medicine Office
- **CC**: A 65 year old male presents with a "lump in his throat" sensation.

>Vital Signs:

- Blood Pressure: 124/68 mm Hg
- Respirations: 14 per minute
- Temperature : 99.2 °F
- **Pulse**: 80 bpm
- **Height**: 70 inches
- Weight: 156 lbs.
- **BMI** : 22.4 kg/m²



Differential Diagnoses: GI Causes

- Achalasia.
- · Vascular web e.g. Schatzki rings.
- Esophageal webs.
- Diverticulum of Esophagus.
- Esophageal CA.



Differential Diagnoses: Non GI Causes

- Neuro-muscular in-coordination
- Stroke
- MS
- GBS
- Autonomic neuropathy
- ALS
- Progressive supranuclear palsy
- Motor neuron disease, etc.
- Globus hystericus (rarely)



Key Points to Remember

- Door information.
- Patient's age: predisposes him to CA.
- Risk factors for Esophageal CA: PABST:
- Plummer- Vinson syndrome.
- Alcohol, Achalasia.
- Barrett
- Stricture
- Tylosis, Tobacco

Contd...



Key Points to Remember (Contd...)

• Rule out neuromuscular causes. Ask esp. for history related to TIA / Stroke. Do a CNS exam!!!

• The DD of dysphagia is large, and divided into many sub-headings based on site(s) involved. Only the major ones in the given case scenario have been discussed here.



Opening Scenario

- An elderly man ,sitting up on chair.
- Looks emaciated and pale.



Subjective

- Good morning Mr. Wormwood, my name is Dr. Klinger. I am a physician in this hospital. I will take care of you today. What brings you to the hospital?
- Hello doctor, its nice to see you. This lump in my throat (pt. sounds hoarse).
- I see. How long has that been going on?
- About 2 months now doctor.

Contd...



- I see. Can you tell me more about it?
- Sure doc. About a couple of months ago, I felt like food was sticking inside my throat and I couldn't keep it down sometimes. I ignored it thinking it was just a feeling and would go away. Then I thought may be I was eating too much and that made me sick. It still bothered me. My wife actually says I have been eating much less since all this started.



- I cant keep food down, I have a hard time with solid food.
- I see, that must be really bothersome, Mr. Wormwood.
- Yes doctor, it sure is. Earlier I was not able to take chunks of meat and hard food. Now sometimes even the liquids, broths and soups bother me. (pt looks sad).
- Reassure: I understand Mr. Wormwood. Its not easy to live with such a problem.



- You did a right thing by coming in. I will do my best to find out what it is and treat you for it.
- Thank you doctor.
- So have you actually thrown up since all this started?
- Yes doctor, many times. I have to eat in smaller portions or my wife just makes soup and broth so I would eat something.



- I see. Does it hurt anywhere when you try to swallow?
- Not really doc, it doesn't hurt. But its just difficult to get food down.
- Have you lost significant weight?
- Yes doc, about 12 pounds in 2 months.
- That is a lot of weight loss.
- Yes doc, I think part of it is because I don't eat.
- Yes it could be, but still 12 pounds is lot of weight loss.



- How is your appetite, otherwise. I mean if you had no problems in swallowing, would you feel like eating?
- I guess so doc, who would like to go through this?
- I understand, Mr. Wormwood. I just have to ask to complete your history.



- So do you have difficulty in initiating a swallow?
- No doc, I can get the food or liquid down but I cant keep it down.
- I see. Does this happen all the time or only sometimes?
- It happens all the time doctor.
- And you said its with both solids and liquids now?
- Yes that's right.

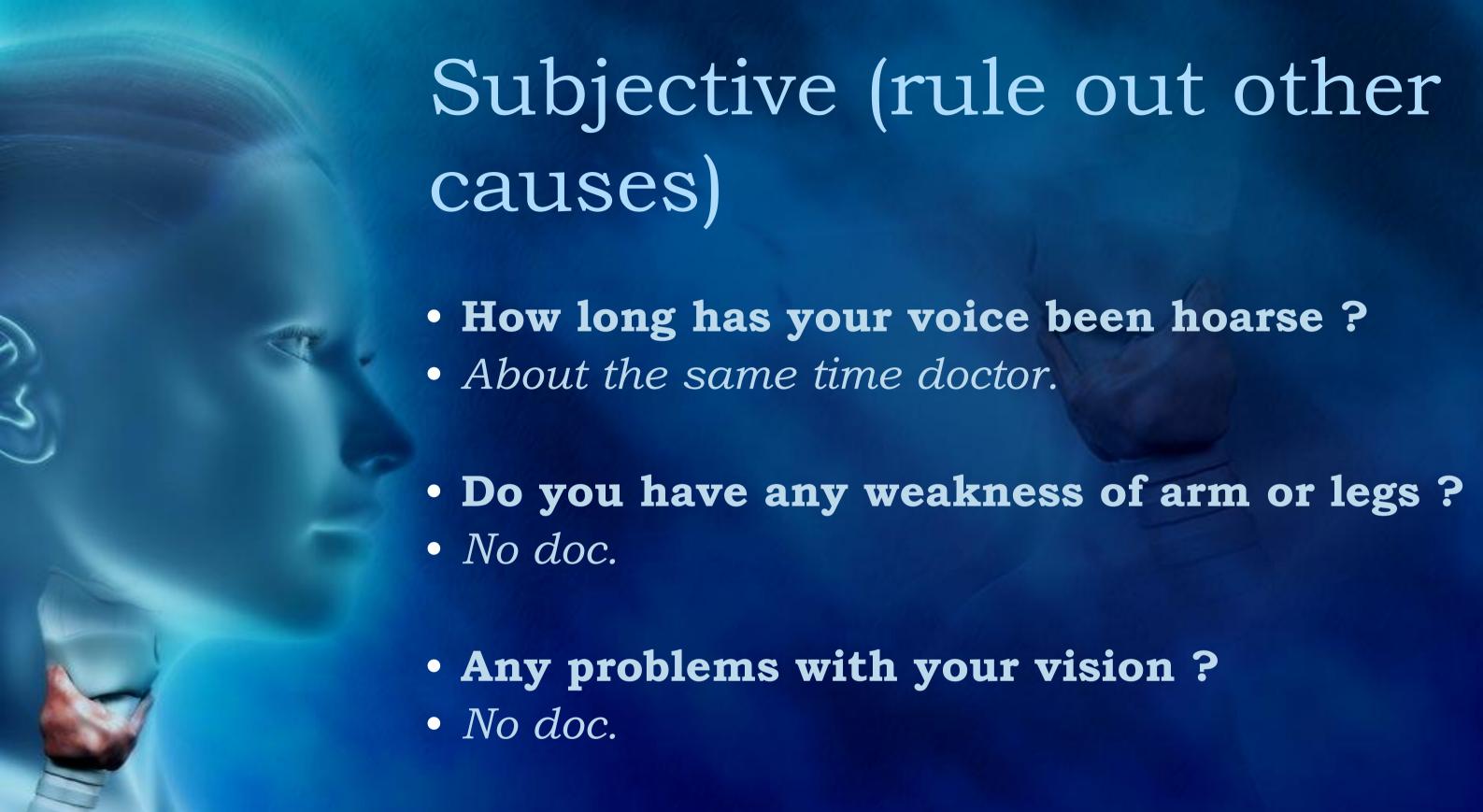


- Do you have any choking sensation when you try to swallow?
- Sometimes, doctor.
- I see. Do you ever bring up food through your nose?
- No that has never happened.
- Do you get short of breath when you try to swallow?
- No doc.



Summarizing the Subjective

- Do you have any chest pain or burning sensation behind your chest bone?
- No doc.
- I see. Let me summarize your problem. You have difficulty keeping your food down, you can start to swallow, but in the middle of it you feel like throwing up. This has been going on for 2 months now, it was for solids to begin with, now you have a hard time with liquids as well. You don't have any chest pain or burning sensation.
- Correct doctor.



- Any problems with balance and walking?
- None.



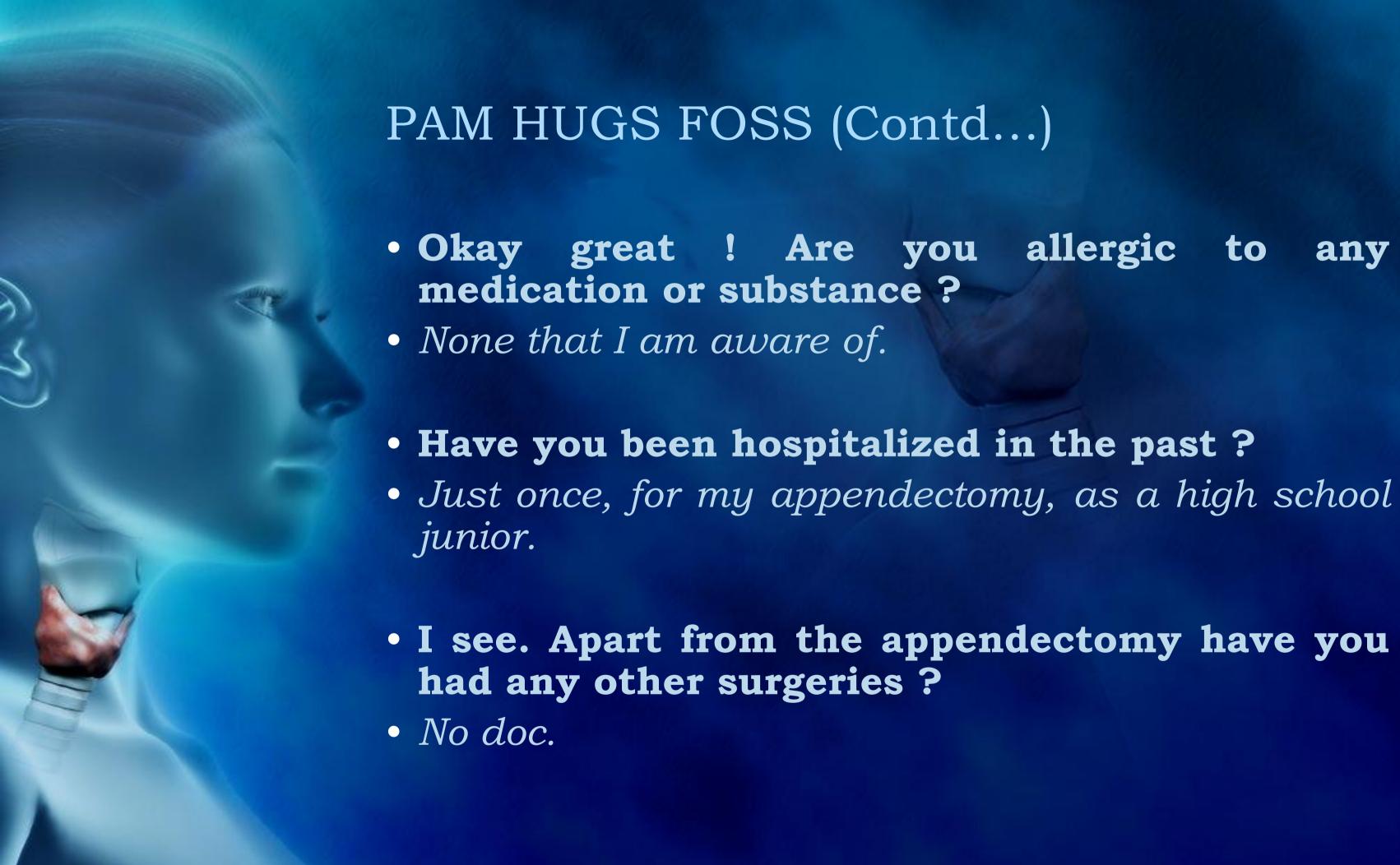
PAM HUGS FOSS

- Okay Mr. Wormwood, now lets go over your medical history, list of meds and habits.
- Sure doc.
- Which other medical problems do you have
- I have high blood pressure and diabetes. I also have neuropathy, which my doc says is related to the diabetes.
- I see. How long have you had this neuropathy?
- It was just diagnosed as my calves ached a lot.

 Contd...



- I see. What medications are you currently on?
- I have been taking water pill for BP for many years, I have done fine with that. For diabetes I used to take Metformin and Glipizide for many years. Recently the doctor started an insulin shot in night. And since this neuropathy I take 2 neurontins daily. Nothing apart from these, not even Tylenol.





- Now let me ask you about your social habits.
- Do you smoke?
- Doc I have been a smoker since the age of 20. I tried to quit many times, as it bothers my wife. But I stayed quit for sometime and then started again. Its just not possible for me to give up.
- How much have you smoked in the past?
- I used to smoke 2 packs a day as a young man. Now its down to half a day. But I cant give up totally.



• I know its difficult to quit. I do appreciate your efforts of quitting in the past. I understand its not easy to stay quit. And for many people it does take more than one attempts to stay quit. If you wish to try again, we have ways of helping you. There is nicotine gum, patch and medications to decrease craving. There are support groups too. As a physician, I have to tell you that smoking is very bad for you, given your age and medical problems.



- I know doc, I know. When my voice started becoming hoarse, I thought of the worst. I thought I had some throat cancer. I have been trying to quit since, but I think I need help.
- I understand your concerns, sir. And I have to tell you I am afraid there are high chances it may be true. And you are doing the right thing by trying to quit. We do have help for you. I will do my best to help and guide you through it.



- Thank you doctor.
- You are welcome.
- Let me ask you some more questions then I will examine you.
- Sure doc.
- Do you drink alcohol?
- Only socially.
- Do you use recreational drugs?
- No doc, never did that.



- Is there any history of medical problems in your family?
- Yes doc, my father and mother both had blood pressure. Father had a stroke in his 70's. my mother died a natural death. Other than that I am not aware of medical problems.
- I see. How have your bowel and bladder been?
- They are fine.



- Any troubles sleeping?
- None doc.
- What kind of work do you do?
- I am retired now. I was the manager of a finance company until 2 yrs ago. My job was very stressful and to counter the stress I used to smoke. This was something I couldn't quit even after the job was over.
- I see. Okay Mr. wormwood, now let me wash my hands and examine you.



Objective

- Wash your hands.
- Drape the patient.
- Do a good general and HEENT exam.
- Do a good Cranial Nerve exam.
- Don't do a swallow exam here, as pt may aspirate. Its always better to have a speech and swallow eval as part of the work-up.
- Do the rest of CNS exam.
- Auscultate CVS and RS. Examine Abdo.
- Explains, offers and performs OMM if indicated.



Closure: Assessment and Plan discussion

- Thank you for your co-operation, Mr. Wormwood. Now let us talk about my impressions.
- Sure doc.
- So you have this difficulty keeping both solids and liquids down. Its been going on for 2 months now, has been getting worse. Your voice is also hoarse. You are also a chronic heavy smoker.



- So I have some possibilities in mind. We will need to have some blood tests and a couple of specialized tests to find out where and what the pathology is. After that, I will be in a better position to say what the diagnosis is.
- But for now, let me give you my initial impressions.
- Given your history and smoking as a big risk factor, and as you also suspect, it might be a bad diagnosis.



Breaking Bad News

- You mean cancer, doctor?
- · Yes, I mean cancer, Mr. wormwood.
- (Give the patient sometime and then resume. Reassure if needed.)
- But, like I said, we need to go in with a scope with a camera at one end, down your throat to actually see what it is. Until then, I cannot say for sure if it is cancer.



Closure: Assessment and Plan discussion

- Sure doc, I understand.
- It could also be other less serious things.
- Like what doctor?
- Well there are a number of reasons for dysphagia, or difficulty in swallowing.
- It could be a mechanical imbalance in your food pipe. That is, its working too hard and not relaxing the way it should be.
- Or there is in-coordination between different parts of it.

Contd...



- I see.
- So its like this hose that is constantly under pressure, and when you try to eat, the pressure increases and you cant keep the food down. And that's when you feel like throwing up.
- This is called Achalasia.
- I see doc. Does it have a treatment?
- Yes it does have both medical and surgical treatment and people get relief from symptoms.



- That's nice to hear doc. What else could it be?
- It could also be a fold of tissue, like a web, inside your food pipe, that comes in the way of food and causes you to feel a lump
- I see. So when you go down with the EGD will you be able to say for sure?
- In most cases, yes, Mr. wormwood. I would get a GI specialist to see you and he would be the one doing the EGD procedure.



- How long does EGD take, doc?
- It doesn't take too long. The procedure itself takes about half an hour. You will be given sleep medication, you wont remember anything and it is not painful. Our specialists do 4-5 of them every day. So you are in good hands.
- Great. Any other tests?
- I would also have a bed side swallow and a special X-ray called modified barium swallow to help evaluate better.



- How long does that take?
- About 20 mins. We can have the MBS done early in the morning and the EGD done the same afternoon. By evening, we will have results of both.
- That would be nice.
- Yes. And once we have all results, I can go over all of them with you. Then we will discuss what the further plans are. Meanwhile, I would like to admit you for expedite work up.



- That's so nice of you doctor.
- Is there any other question that I can answer for you at this time?
- If its cancer, how much time have I got doctor?
- Its hard to say at this point, Mr. wormwood. We have to first confirm what it is. In the case that we find out CA, we have to find out how widespread it is.



- There is both surgical and medical treatment available and it is successful too.
- But at this point, its too premature to say. Unless we know what we are treating and how bad it is, its hard to say anything.
- I understand doc. I think I am all set.
- Thank you, Mr. wormwood. We will meet again once you are done with your tests. You take care.
- Shake hands and leave.



Assessment and Plan

>Assessment:

- 1. Esophageal dysmotility e.g. Achalasia
- 2. Vascular ring
- 3. Esophageal web
- 4.Diverticulum
- 5. Esophageal CA

> Plan:

- 1. Admit to hospital
- 2.CBC with differential, CMP
- 3. Speech and swallow evaluation Modified Barium swallow
- 4.EGD + biopsies, CT scan with contrast
- 5. Smoking cessation
- 6. Consult GI and Nutritionist

