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SWALLOWING PROBLEMS MAY BE THE SYMPTOM OF SOMETHING MORE SERIOUS

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For the past several years, Dorothy has been suffering through meals with her husband Jim, who often gets meats, breads, or chunks of vegetables stuck in his esophagus for a few moments when he eats quickly. Generally he chews his food very carefully. But if he rushes or is not paying attention, he gets food held up in his chest. When they are small particles of food, the episodes are relatively painless. But sometimes Jim actually feels like big pieces of food are getting stuck, causing him to run to the restroom to regurgitate. This has been nerve-racking for Dorothy, who has been nagging him to go to the doctor to have this issue addressed.

Jim actually has what is known as dysphagia, or difficulty swallowing. In general when it evolves over a long period of time, it is treatable. But when it comes on suddenly, it can be a sign of cancer.

While dysphagia is serious, it is most often secondary to damage to the esophagus from continual acid reflux; so there is usually a history of heartburn in connection with esophagitis – the swelling of the inside of the esophagus. This condition damages the lining of the esophagus, producing inflammation, ulcers, or strictures – the most common causes of dysphagia. In some cases, long-term heartburn causes a condition known as Barrett's esophagus that can lead to cancer. For this reason, if you have problems swallowing, you should have an evaluation of your esophagus with an upper endoscopy (EGD), after which a diagnosis of the problem can be made and biopsies can be taken as needed. Often there will be a stricture, which is scar tissue that has narrowed the lumen of the esophagus, and that can be stretched at the time of endoscopy, with balloons or bougie dilators. This procedure can immediately improve the swallowing, although it is likely that it will need to be stretched again in the future.

There are other reasons for trouble swallowing, such as eosinophilic esophagitis that most often affects teenagers and young adults. Although its cause is unknown, it can be controlled with dilations as necessary.

Finally there is a disease called achalasia, where the muscles of the esophagus function poorly and do not push the food or liquids through the esophagus normally; the sphincter at the bottom of the esophagus inappropriately stays shut, so the esophagus doesn't empty. Endoscopy is an important tool in making a diagnosis of this disorder, and treatments with Botox injections or extreme dilation can be performed at the same time.

Regardless of the diagnosis, if you are having trouble swallowing, it is important to have your esophagus examined to define and treat the problem – and most important, to rule out cancer.