CLINICAL PRACTICE

Clinical Images

Diffuse Idiopathic Skeletal Hyperostosis induced Oropharyngeal Dysphagia

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An 80-year-old man with a history of hypertension presented with shortness of breath due to a COPD exacerbation. He also had three weeks of solid meal dysphagia. A video fluoroscopic swallow study showed pharyngeal stenosis. Laryngoscopy demonstrated fullness in the posterior pharyngeal wall. Lateral cervical x-ray (Fig. 1) and cervical spine CT (Fig. 2) showed large cervical osteophyte formation consistent with diffuse idiopathic skeletal hyperostosis (DISH). He underwent cervical spine osteophyte resection, and his oropharyngeal dysphagia resolved.

DISH is a non-inflammatory disease characterized by ossification of the tendon, ligament, or joint capsule

Figure 1 Lateral cervical x-ray showing multilevel cervicothoracic spine bulky bridging osteophytes traversing the anterior cervical intervertebral discs that have some degree of mass effect on overlying hypopharynx/esophagus.

Figure 2 CT axial view of the cervical spine showing extensive bulky osteophyte formation consistent with DISH.

insertion, usually involving the spine.¹ It mostly involves the thoracic spine but can also affect the cervical and lumbar regions. DISH involving the cervical spine is usually asymptomatic but sometimes presents with pain, foreign body sensation, stiffness, and rarely, dysphagia.^{2, 3} The diagnosis of DISH is radiographic. It is better visualized with CT scan than with plain film radiographs. Conservative management includes non-steroidal anti-inflammatory medications, diet modification, corticosteroids, muscle relaxants, and orthotics.^{4, 5} Surgery (osteophyctomy) is reserved for patients suffering from progressive dysphagia interfering with adequate nutrition,⁶ airway obstruction, and neurologic compromise.⁷

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