

Evidence Discussion (Neck 3.1)

Dysphagia

- Imaging studies are complementary to endoscopy (and in certain cases, also manometry) in the evaluation of dysphagia. The optimal imaging study depends on the nature and location of the dysphagia, as well as clinical setting. Fluoroscopy, however, is usually the first line choice.
- Modified barium swallow study (videofluoroscopic procedure performed in conjunction with a speech therapist) is generally first line for oropharyngeal dysphagia. CT is generally not indicated because it does not assess motility, nor the oropharyngeal and esophageal mucosa as well. CT may be helpful if subsequent evaluation if initial studies are not revealing, or if there are suspicious findings.
- Barium esophagram is generally first line for retrosternal dysphagia. CT is generally not indicated because it does not assess motility, nor esophageal mucosa as well. CT may be helpful if subsequent evaluation if initial studies are not revealing, or if there are suspicious findings.
- Fluoroscopy still remains the imaging of choice for initial evaluation of early (as well as late) post-operative dysphagia, within the oropharyngeal or retrosternal regions. Utilizing a water-soluble contrast first, followed by barium if necessary, suspected leaks or fistulas may be investigated. Esophagrams are highly specific for leaks, but not as sensitive as CT. If high clinical suspicion remains following negative esophagram, esophagography and CT combined have a sensitivity and negative predictive value of 100%, but a specificity of 27% and positive predictive value of 56%.
- For oropharyngeal and retrosternal dysphagia, contrasted CT of the neck and/or chest is indicated when there is concern of early post-operative complications, such as leak, fluid collection, abscess, or hematoma.

References:

- 1.) Lantos JE, Levine MS, Rubesin SE, Lau CT, Torigian DA. Comparison between esophagography and chest computed tomography for evaluation of leaks after esophagectomy and gastric pull-through. J Thorac Imaging 2013;28:121-8.
- 2.) ACR Appropriateness Criteria Dysphagia. Rev. 2018.