

Endoscopic laser cricopharyngeal myotomy for the treatment of cricopharyngeal dystonia

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Cricopharyngeal dystonia (CPD) is a disorder of unknown etiology that is an increasingly recognized and potentially reversible cause of oropharyngeal dysphagia. It is characterized by failed or partial sphincter relaxation, lack of pharyngoesophageal coordination, or a reduction in the muscular compliance of the upper esophageal sphincter. The most frequent symptoms are dysphagia, choking during meals, aspiration, and immediate expectoration of an offending bolus.

Diagnosis can be made by contrast radiographic studies showing a typical cricopharyngeal bar and by showing symptom relief after botulinum toxin injection. Traditional treatment of cricopharyngeal dystonia is cricopharyngeal myotomy through cervical approach which has surgical complications. Employment of the endoscopic approach reduces operative time and the complexity of postoperative care. We describe a patient with CPD diagnosed by botulinum toxin injection who had resolution of symptoms after laser endoscopic cricopharyngeal myotomy. We concluded that laser endoscopic CP myotomy is a reasonable and safe method for surgical treatment of cricopharyngeal dysfunction in comparison with the open technique.