

# Evaluation and treatment option for cricopharyngeal dysphagia

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## Introduction

Primary Cricopharyngeal dysphagia (CPD) is the disease entity solely confined to dysfunctional upper esophageal sphincter complex(UESC), while secondary CPD encompasses various conditions that accompany UESC dysfunction. Conservative and surgical methods of treatment used in the past have effect in primary CPD, but so often fail to relive dysphagia in patients with secondary CPD. In the present study, patients with CPS were reviewed retrospectively to analyze the treatment options for improvement of swallowing function.

## Methods

Medical records of 30 patients with videofluoroscopic diagnosis of CPD were reviewed retrospectively with special interest in the etiology of CPD and treatment options that were required for dysphagia treatment.

## Results

Of the patients with CPD, 15patients had been treatment for Muptiple cranial nerve palsy, and 15 have high vagal palsy or vagus nerve palsy. Most patients were prescribed with multiple exercise or surgical therapy based on initial or follow up videofluoroscopic findings. Most patients were trained with chin down and /or head rotation position, and in decreasing order of conservative method used, laryngeal elevation, tongue base exercise, Shaker exercise, electrical stimulation. Total 12 patients received surgical treatment, thyroplasty, botulinum toxin injection, cricopharyngeal myotomy and balloon dilatation etc.

## Conclusion

As reviewed in the present study, most patients with CPD due to multiple cranial nerve palsy or vagus nerve palsy alone should be managed by multi-dimensional treatment modalities, positional change, swallow exercise training and surgical procedures in order.