Aetiologic mechanisms of dysphagia in lung cancer: A case series

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Abstract:

Background: Associated symptoms of bronchogenic carcinoma other than chest complaints like dysphagia are rarely demonstrated in literature regarding prevalence, cause-effect relationship and proper management plan. Gastrointestinal motility disorder as a cause of dysphagia in lung cancer is incompletely understood. This prospective preliminary study aims to find out the prevalence and different aetiologic mechanisms for dysphagia among lung cancer patients using oesphagoscopy and oesophageal manometry. Patients and methods: All lung cancer patients with dysphagia admitted in the Cancer Institute, Assiut University during the year 2010/2012 were included in the study. All patients were subjected to oesphagoscopy and oesophageal manometry study. Results: We collected 165 cases of bronchogenic carcinoma during the study period. Dysphagia was diagnosed in 20 cases (12.1%) regardless the stage of malignancy. Four separate dysphagia causes were identified. Secondary achalasia was diagnosed in 10 cases (50%), whereas enlarged mediastinal lymph nodes and candidal oesphagitis in 4 cases each (20%), and chemoradiotherapy in 2 cases (10%). Conclusions: Dysphagia associated with bronchogenic carcinoma is not uncommon and should be asked for and documented in all cases if present. Secondary achalasia is the commonest mechanism of dysphagia based on oesphagoscopy and manometry. Further large sample multicentric

Keywords:

Lung cancer; Dysphagia; Prevalence; Oesphagoscopy; Oesophageal manometry

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