Dysphagia Aortica: A Systematic Review

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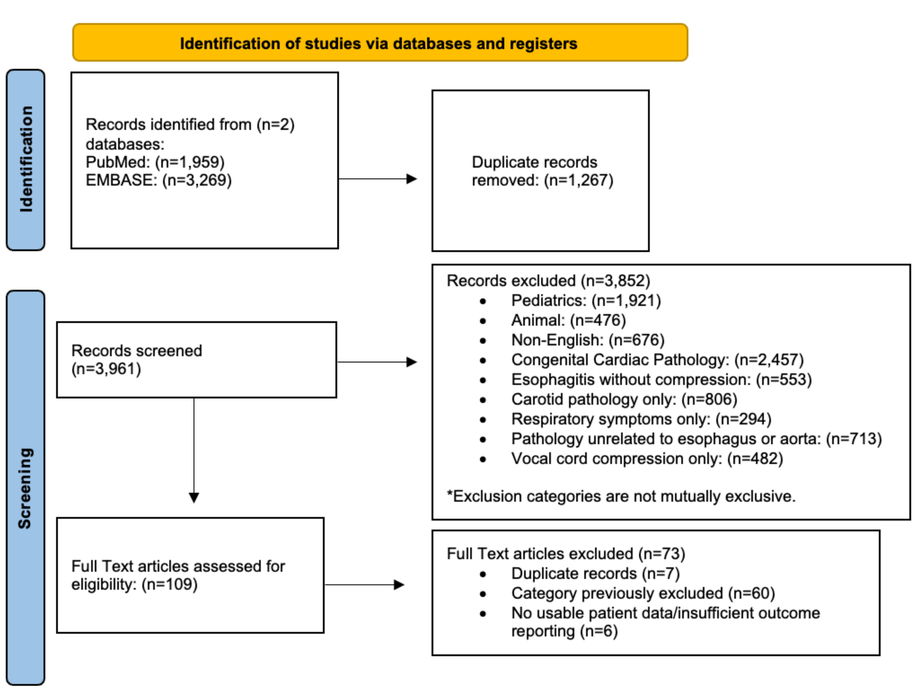
Introduction

- **Dysphagia aortica** is a rare cause of swallowing difficulty caused by **extrinsic compression of the esophagus** from an **aneurysmal, dilated, or tortuous thoracic aorta.**
- Often **under-recognized** due to **nonspecific symptoms** such as dysphagia to solids, intermittent choking, or **pharyngeal discomfort,** which may mimic malignancy or neuromuscular disorders.
- Can result **in significant morbidity** including malnutrition, aspiration, weight loss, and reduced quality of life, particularly in **elderly patients.**
- **Early recognition** is critical because surgical intervention can relieve symptoms and prevent complications such as aortic rupture and aspiration.
- This **systematic review** aims to synthesize reported cases to provide otolaryngologists and multidisciplinary care teams with guidance on **presentation patterns, diagnostic strategies, and approaches to management.**

Methods

Review Process

- Two independent reviewers performed descriptive synthesis, focusing on clinical presentation, diagnostic approaches, and management.



Results

Demographics:

- Mean age: 65 years (22-98); Sex: 1:1 male-to-female ratio

Presentation

- All patients presented with dysphagia, most commonly for solids.
- Associated symptoms: shortness of breath or chest pain (24%), unintentional weight loss (22%). This highlights the overlap with cardiovascular pathology.

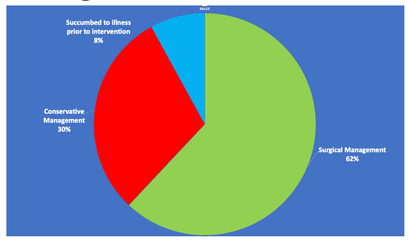
Etiology

- Aneurysmal aorta: 68%
- Tortuous or right-sided aortic arch: 32%
- Rarely, combination of aneurysm and tortuosity.

Diagnostics

- Cross sectional imaging (CT/CTA): essential for confirming size and location of aortic compression (70%).
- Barium swallow or esophagram (30%).

Management



Outcomes

- Postoperative mortality: 5%
- Persistent symptoms after conservative management: 18%
- Four patients either refused surgery or succumbed to their illness prior to intervention.

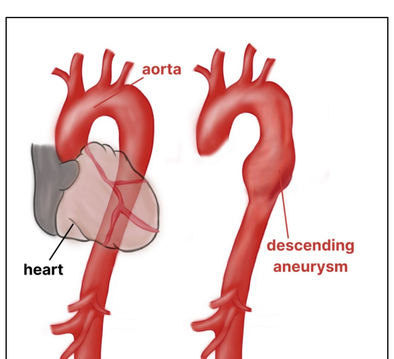


Figure 1: Aneurysm of the descending aorta: a common etiology of dysphagia aortica

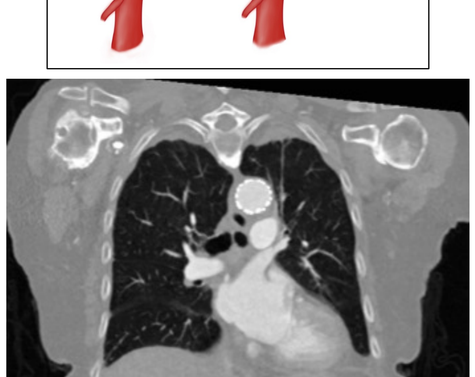


Figure 2. Computed tomography showing endovascular repair of an aortic aneurysm causing dysphagia aortica.

Discussion & Conclusion

Clinical Significance

- Dysphagia aortica is a rare but important cause of dysphagia, often under-recognized due to nonspecific symptoms.
- Vascular etiologies should be considered by otolaryngologists in elderly patients with dysphagia, especially in the setting of a known aneurysm or other cardiovascular abnormality.

Management

- Surgical intervention (TEVAR vs open repair vs vascular correction) is the treatment of choice for symptomatic patients, showing high rates of symptom relief.
- Conservative management may be considered, though persistent symptoms are common.
- Clinical correlation is crucial, as symptomatic improvement can occur even when radiologic findings show minimal change.

Multidisciplinary Approach

- Optimal care requires collaboration of otolaryngology, cardiology, and surgery.

Research Implications

- Current literature is limited. Further studies are warranted to optimize surgical vs conservative management and develop techniques to define predictive factors for dysphagia aortica.

Concluding Remarks

- Dysphagia aortica should be considered in older adults with unexplained dysphagia or odynophagia.
- Early recognition is essential to prevent serious complications.
- Surgical management provides lasting improvement in symptoms.

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