

ROUND TABLE

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Dysphagia: diagnostic and therapeutic problems

La disfagia: problemi diagnostici e terapeutici

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Presentation and aims of the Round Table

Presentazione e finalità della Tavola Rotonda

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Dysphagia has become an everyday clinical problem which remains to be fully and univocally solved according to different points of view (diagnosis, treatment and rehabilitation), while the clinical relevance is increasing every day and the related research in the medical field is still in full evolution.

According to epidemiologic studies, dysphagic disorders of various kinds and severity, currently affect:

- 13-14% of patients suffering from "acute" illness;
- 30-35% of patients hospitalized in convalescence units;
- 40-45% of patients with chronic disorders.

The first, specifically orientated clinical experiences related to dysphagic patients started in Great Britain in the late '50s, focusing on feeding problems in spastic children.

Later, some early specialized structures for the study and solving of feeding problems were founded and organized in USA, in the late '70s, by Aronson¹, Garliner², Logemann³ and others.

In Europe, the attention of otorhinolaryngologists was focused on dysphagia, first in France (in the late '70s)⁴, then in Italy (in the early '80s).

It was not until 1989-1990, that the first organic treatises

concentrating on the physiology and physiopathology of deglutition appeared in Italy, thanks to the Otolaryngology and Phoniatics schools in Udine and Turin⁵⁻⁷.

Since then, the highly specialized task of studying, diagnosing and treating deglutition disorders have attracted increasing interest in the medical field, not only in otorhinolaryngology, but also in many other medical specializations (neurology, radiology, pneumology, gastroenterology, dietology, etc.) as dysphagia involves numerous medical figures and related experience⁸.

Deglutition is a complex physiological process, which is not only a medical and scientific problem, but also, and above all, involves the quality of life of the patient.

Albeit, the physiopathology of deglutition, today, is related not only to the physical health of the patient, but is also very closely correlated with the psychological and relational aspects of human life and with the quality of human life itself. Thus the problem of the impaired physiological mechanism of deglutition, also referred to as "dysphagia", has progressively assumed the dignity of a sub-specialization in its own right, namely, "deglutology", thus attaining autonomous clinical, diagnostic and therapeutic relevance in Medicine.

Furthermore, the longer average lifetime and the many new

surgical techniques with excellent therapeutic results, but with inevitable dysfunctional consequences on the upper aero-digestive tract represent an important contribution to the diffusion and significant increase in the incidence of the cases with dysphagic disorders, which require greater attention being focused on swallowing problems, by the medical world.

Thus, a Round Table on dysphagia involving Otorhinolaryngologists and Phoniaticians is of utmost importance in order to present and discuss the latest developments in this particular field.

Many problems, of recent and current interest, deserve the attention of the modern and well-informed ENT and Phoniaticians specialists.

First of all, the diagnostic approach to the problem of dysphagia still relies, to a large extent, even today, on the anamnestic findings and clinical examination of the patient, which are of primary importance for a correct "deglutologic" approach.

Nevertheless, an attentive comparison of experience and knowledge regarding the efficacy and the limits of these more recent morphological and functional diagnostic techniques of deglutition disorders and dysphagia, with reference not only to the "traditional" clinical approach to the patient, but also and above all to the modern endoscopic and videoendoscopic approach to disorders of the upper airways (both by physiological and retrograde transtracheal approach). Indeed, the clinical approach to deglutition troubles has greatly improved thanks to the extraordinary possibility of "looking inside" the upper aerodigestive tract during the deglutition act, by means of fiberoptic devices, thus directly watching the anatomic-functional defects of each deglutition phase.

Videofluoroscopy recently added an important new tool in the diagnostic workup to dysphagic troubles: indeed, this is currently considered, together with videoendoscopy, one of the two "gold standards" in the clinico-functional study of the upper aerodigestive tract, but as far as concerns clinical application, effective multidisciplinary cooperation between the radiologist and otorhinolaryngologist is of fundamental importance.

The diagnostic approach to swallowing problems is strictly related to therapeutical planning and certain clinical and therapeutic problems require deep consideration in a Round Table on Dysphagia.

First of all, according to the Head and Neck surgeon, such a Round Table should also take into consideration deglutition impairment following demolitive and/or reconstructive surgery on the upper aerodigestive tract, in order not only to improve oncological results, but also, and above all, to secure the best quality of life for the patient with a rapid return to a good human and social environment.

Surgical reconstruction, by modern myocutaneous or free revascularized flaps, and post-operative deglutition rehabilitation are currently considered the "gold standards" in this field, but some new rehabilitation opportunities have

recently and successfully been added by way of specific phonosurgery aimed at better recovery of the pharyngo-laryngeal crossing function.

Post-operative deglutition disorders are only one of several crises requiring the participation and clinico-therapeutic intervention of today's Otorhinolaryngologists and Phoniaticians, as, recently, attention has been diverted to include other vast areas of dysphagic problems.

Deglutition disorders in paediatric age represent a wide and important topic in the everyday activity of ENT, Phoniatic and Paediatric specialists who are constantly faced with a large number of various clinical and pathological problems with aetiopathogenesis of variable origin. A correct and successful clinico-therapeutic approach to these situations is a real challenge for any efficient multidisciplinary "deglutologic" team.

Finally, patients with neurological problems recovering from ischaemic, haemorrhagic or traumatic diseases of the Central Nervous System are usually suffering from dysphagic aftermaths, the diagnosis and treatment of which require the utmost clinical interest. A timely and successful rehabilitation programme would not only prevent severe clinical complications such as malnutrition and *ab ingestis* pneumonia, but also secure a faster and better return to a normal life and enhance the chances of a satisfactory social reinsertion of the patient.

In conclusion, a Round Table on Dysphagia will surely cover a large number of modern topics of utmost interest to Otorhinolaryngologists and Phoniaticians and add important contributions not only of clinical, but also therapeutic, nature.

Therefore, an update on the current state of scientific knowledge concerning dysphagia would appear to meet the scientific and ethical tasks of a Scientific Society and we are confident that this Round Table of the Italian ORL Society will satisfy the legitimate expectations of ENT and Phoniaticians specialists.

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