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Pediatric Gastroenterology Hepatology & Nutrition****3<sup>rd</sup> International Conference on  
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**A curious case of dysphagia****Puneet Pal Singh and Bhavna Gilani**

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A sixty three year old gentleman with a history of bipolar disorder was admitted with 2 day history of pyrexia, non productive cough and collapse. On further questioning, patient complained of a 10 months progressive history of dysphagia. Clinical examination was notable for vesicular breathing and left basal crepitations. Neurological examination was unremarkable with no demonstrable fatiguability. ECG revealed normal sinus rhythm. Laboratory studies showed raised inflammatory markers and chest film revealed left basal consolidation in keeping with a community acquired pneumonia. A course of co-amoxiclav and clarithromycin were prescribed but due to persistent pyrexia gentamicin cover was added. Patchy consolidation was noted on CT chest, abdomen and pelvis. Whilst being treated for pneumonia, the patient developed worsening dysphagia to both solids and liquids. Patient denied odynophagia or vomiting; was seen by the speech and language therapist who deemed him to have unsafe swallowing and consequently was NG (Nasogastric) fed and treated for aspiration pneumonia with teicoplanin, metronidazole and temocillin with resolution after 12 days of treatment. Inpatient OGD (oesophago gastroduodenoscopy), MRI head studies, flexible nasoendoscopy and EMG (electromyography) studies were unremarkable. Videofluoroscopy study demonstrated anterior disc osteophyte bar at the level of C3/C4 causing extrinsic compression of the pharynx. Pharyngeal aspiration was also noted. Subsequent CT examination revealed significant anterior undulating ossification in relation to multiple cervical vertebral bodies with extrinsic compression of oesophagus from these ossific foci in keeping with a diagnosis of diffuse idiopathic skeletal hyperostosis by exclusion. Patient was referred for neurological intervention. C3-C5 anterior osteophyte removal was performed with resolution of dysphagia.

**Biography**

Dr. Puneet Pal Singh graduated from Charles University in Prague as a Medical Doctor. Previously completed B.S.c in Biochemistry and M.S.c in Molecular Medicine from Imperial College of Science and Technology in London. Later on he completed his core medical training at Lister Hospital in Stevenage, UK. Presently he has been working at Basildon Hospital as a Registrar in Renal Medicine.

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