Dysphagia – A DISH too far?
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Introduction
Diffuse idiopathic skeletal hyperostosis (DISH), also known as Forestier’s Disease, is a severe rheumatological abnormality characterised by widespread bony ossification of the spine.

Recognised increasingly in the elderly population, we report a case of DISH and its associated complications.

Case Report
An 81-year-old gentleman with a background of ischaemic heart disease was admitted with a fractured neck of femur and underwent hemiarthroplasty.

During admission he developed urosepsis and was noted to have dysphagia and poor oral intake. Collateral history revealed progressively worsening dysphagia with a previously normal OGD and recurrent chest infections.

Speech and Language Therapy assessed his swallow as unsafe and he was kept nil by mouth. NG tube insertion proved unsuccessful. Following C-spine X-ray (Fig 1) and discussion with the GP, a diagnosis of DISH was confirmed, with dysphagia secondary to massive osteophytes.

Owing to co-morbidities he was unsuitable for surgery and was medically managed with a ‘feed at risk’ regimen. Unfortunately, 1 month following discharge the patient was admitted with sepsis secondary to aspiration pneumonia and died.

Resnick’s 3 Criteria
1. Calcification and ossification within anterior longitudinal ligament - at least 4 contiguous vertebral bodies
2. Minimal degree of degenerative disc disease
3. Absence of apophyseal joint ankylosis and sacroiliac erosions, sclerosis, or intra-articular osseous fusion

Literature Review
DISH is characterized by the progressive calcification and ossification of contiguous vertebrae, producing syndesmophytes.

Aetiology is currently unknown and epidemiological data suggests an incidence of 6 – 12%, most common in males between 60-70 years.

Presentation includes pain, stiffness, dysphagia, stridor, myelopathy and spinal cord compression. X ray and CT/MRI is the mainstay of diagnosis.

The incidence of dysphagia secondary to cervical hyperostosis is estimated at 20%.

Dysphagia typically occurs with solids progressing to liquids. The most common sites for osteophytes causing dysphagia are C5–6, C4–5 and C2–3.

Conclusion
Dysphagia secondary to DISH is an under-recognized condition and can result in aspiration pneumonia, severe nutritional deficiency and serious impact on quality of life in the elderly.

Management should be of a multi-disciplinary approach, including SALT and Dietician review, with consideration for surgical excision. All patients should have discussion of long-term feeding options to prevent complications.

References