

Flexible endoscopic evaluation of swallowing.

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Commentary

Dysphagia, a disorder with multifactorial aetiopathogenic features, presents several problems regarding both the definition of the nature of the condition and the classification of specific deficits in the structures and in the various stages of swallowing. Fiberoptic endoscopic evaluation of swallowing (FEES) is now a first choice method for studying swallowing disorders on account of the various advantages it offers: easy to use, very well tolerated, allows bedside examination and is economic. Nevertheless, this diagnostic procedure is not without risks, the most probable consequences of which include discomfort, gagging and/or vomiting, vasovagal syncope, epistaxis, mucosal perforation, adverse reactions to topical anaesthetics and laryngospasm. The swallow is divided into the oral, pharyngeal, and esophageal phases, depending on where the bolus is seen. With flexible laryngoscopy, the structures in view include the nasopharynx, oropharynx, and hypopharynx, with a particularly good view of the larynx. The body and front of the tongue as well as the oral cavity are not seen. Thus, the oral stage is only partially evaluated, whereas the pharyngeal stage is the center of attention. Similarly, because laryngoscopy has only limited ability to assess Upper Esophageal Sphincter (UES) opening and doesn't extend far into the esophagus, the esophageal phase is not assessed in the FEES examination. Transnasal endoscopy, esophagoscopy, or fluoroscopy would assume that role.

Dysphagia or else swallowing disorders, are associated with any subjective or objective difficulty in swallowing solid or liquid foods or the appearance of coughing or choking when swallowing. It is a very serious symptom that should be treated promptly, to avoid more serious complications for the patient. Dysphagia may be seen at various age groups, from infants to the elderly and may be the result of head and neck diseases, mouth, pharynx, larynx, palate malignancies, neuromuscular disorders, neurological diseases (multiple sclerosis, Parkinson's disease etc.), strokes, or it may follow after head injuries,

complications in surgery, or x-raying in the head and neck area. In children, it is mainly due to congenital disorders, while in the elderly mainly due to degeneration of the central nervous system causing dysfunction in swallowing and other neurological diseases that lead to loss of consciousness, etc. Difficulty swallowing (dysphagia) means it takes more time and effort to move food or liquid from your mouth to your stomach. Dysphagia may also be associated with pain. In some cases, swallowing may be impossible. Occasional difficulty swallowing, which may occur when you eat too fast or don't chew your food well enough, usually isn't cause for concern. But persistent dysphagia may indicate a serious medical condition requiring treatment. Dysphagia can occur at any age, but it's more common in older adults. The causes of swallowing problems vary, and treatment depends on the cause. Swallowing disorders, however, can also occur suddenly, if they are a result of a car accident, trauma or postoperative complication, and in these cases immediate restoration of the feeding function is required for the patient's survival. This can happen during feeding via a Levin tube or even gastrostomy. Dysphagia is being diagnosed with a very specialized and affordable test, which can be done at the clinic, at the hospital or at home if the patient cannot be transported. This examination is known as FEES (Flexible endoscopic evaluation of swallowing).

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