

## A 62-Year-Old Woman with Oropharyngeal Disphagia et Causa Epiglottic Inversion Dysfunction

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### Abstract

*Purpose:* The purpose of this report is to present a case of a left maxillary abscess in a 62-year-old woman, analyze its etiology, risk factors, clinical symptoms, diagnostic examinations, and the treatment provided. This report also highlights the importance of prevention and proper management to improve patient prognosis.

*Methodology:* The methodology used in this report is a clinical case study. Data were collected through anamnesis, physical examination, and supporting examinations such as CT scan and histopathology. The patient's management was analyzed based on existing medical theories and appropriate treatment was provided according to the patient's condition.

*Results:* The patient was diagnosed with oropharyngeal disphagia, presenting with difficulty swallowing since 3 weeks ago. Nasal Endoscopy (NE) examination, the results showed that the epiglottis movement tended to be slow and the conclusion was that dysphagia ec suspect Epiglottic Inversion dysfnytion. The patient received vitamin B12 supplements, the patient showed significant improvement, then given omeprazole/24 hours, paracetamol/8 hours and a high-calorie, high-protein diet (TKTP) both of which were identified as significant risk factors for developing the condition

*Applications/Originality/Value:* This report provides insights into the importance of early diagnosis and proper management in oropharyngeal dysphagia cases. The findings can be useful for healthcare professionals to understand clinical signs and effective treatment approaches for similar cases. The study emphasizes the need for preventive measures, such as maintaining good oral hygiene and avoiding risk factors like smoking.

### Introduction Section

Dysphagia is a disorder in the series of swallowing processes that arise due to structural or functional abnormalities in the organs involved in the swallowing phase, such as the mouth, pharynx, and esophagus, this condition causes a person to have difficulty swallowing food. Although it looks simple, the swallowing process is actually complex because it requires synergistic cooperation between the brain, nerves, muscles, and esophagus to work together and go through three sequential swallowing phases, namely the oral phase, pharyngeal phase, and esophageal phase (Wiratningrum, 2024).

Causes of dysphagia include congenital abnormalities, physiological abnormalities, anatomical abnormalities, or certain diseases. Dysphagia can be experienced by all age groups. However, the incidence of dysphagia tends to be higher in the age group over 50 years, with a prevalence of around 7-22% of the total population in the world. The prevalence of dysphagia in the general population is around 20% and is estimated to affect 50-66% of people over the age of 60 (Igarashi, 2019).

Based on research by Nawas et al., 2018, the problem that occurs is the difficulty in diagnosing elderly patients with dysphagia because it is considered normal as they age and the family ignores the symptoms. In our case, there was also difficulty in establishing a diagnosis in this patient.

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## Case description

We report a case of dysphagia from a patient, who came to the Emergency Room of Karanganyar Regional Hospital with the main complaint of difficulty swallowing since 3 weeks ago. The complaint of difficulty swallowing was felt at all times. The patient admitted that the complaint was accompanied by a cough for 3 days, the cough felt to come and go, a feeling of blockage in the throat, then the body felt stiff, and abdominal pain. In the nose there was no nasal congestion, no sneezing, no nosebleeds, no disturbance of smell, no pain, no foreign objects, and the nose did not smell. The right and left ears did not ring, no discharge, no complaints of pain in the ears when the nose was blocked. The throat was not painful when swallowing, the voice was not nasal, the voice was not hoarse, the throat was not dry or slimy, the jaw was not stiff. Itching all over the body was acknowledged.

The general condition of the patient appeared moderately ill, compos mentis consciousness, blood pressure 117/81, pulse rate 87x/minute, temperature 36.7 C and O2 saturation 97% room air. On ENT examination, a Throat examination was performed and it was found that the Throat was not hyperemic, there was no obstruction or blockage, no abnormal masses, normal uvula, and no swollen palate. On the nose, there was a hyperemic nose (-/-), secretion (-/-), concha hypertrophy (-/-), deformity -/-. On palpation there was nasal tenderness (-) and maxillary sinus pain. Supporting examination in the form of a CT scan was performed with the results of the Oropharynx-epiglottis CT scan showing no masses or abnormalities in the nasopharynx or oropharynx, no bone destruction, and no cervical lymphadenopathy. On the Nasal results, the conclusion was Dysphagia et causa Susp Dysfunction Inversion of the Epiglottis. From the results of the examination, the patient was diagnosed with Oropharyngeal Phase Dysphagia. The patient was then given therapy in the form of administering 20 tpm RL fluid, Mecobalamin Injection 500mcg/24 hours, Inj. Omeprazole/12 hours, and Inj. Paracetamol 50 gr/8 hours.

## Discussion

In this case, the patient a woman 62 years old came with a primary complaint of difficulty swallowing since 3 weeks ago. The complaint of difficulty swallowing was felt at all times and accompanied by a cough for 3 days. There was no pain in the throat when swallowing, but when swallowing the patient admitted to having difficulty. There were no complaints in the nose. There were no complaints in the ears.

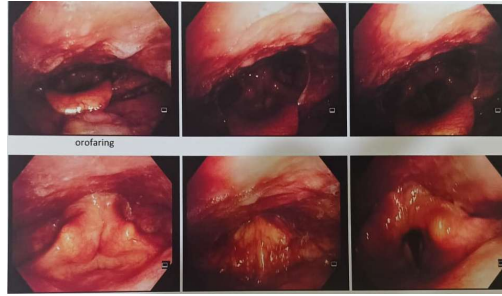
Dysphagia is a disorder in the swallowing process that arises due to structural or functional abnormalities in the organs involved in the swallowing phase. swallowing, such as the mouth, pharynx, and esophagus, this condition makes it difficult for someone to swallow food. Although it looks simple, the swallowing process is actually complex because it requires synergistic cooperation between the brain, nerves, muscles, and esophagus to work together and go through three consecutive swallowing phases, namely the oral phase, pharyngeal phase, and esophageal phase (Wiratningrum , 2024). Dysphagia is often found in clinical practice in all age groups and is often associated with various systemic disorders (eg: diabetes mellitus, hyperthyroidism, lupus erythematosus, dermatomyositis, stroke, and Parkinson's and Alzheimer's diseases). Dysphagia can result in malnutrition, dehydration, respiratory tract infections, increased hospitalization days, and even death; therefore, early diagnosis and treatment of dysphagia are very important (Pandaleke, 2014).

In this patient, there was a complaint of difficulty swallowing since 3 weeks ago and it was felt continuously. The patient also complained of a lump in the throat and cough for 3 weeks, where all three things are in accordance with the theory of risk factors for dysphagia.

According to the literature, Dysphagia can be experienced by all age groups with various causes, such as congenital abnormalities, physiological abnormalities, anatomical abnormalities, or due to certain diseases. However, the incidence of dysphagia tends to be higher in the age group over 50 years with symptoms that appear in dysphagia including changes, symptoms of dysphagia include difficulty chewing, food left in the mouth, a feeling of something stuck in the throat, coughing during or after eating, weight loss without a clear cause, and recurrent lung infections (Wiratningrum, 2024).

The diagnosis in this case is established through anamnesis and physical examination aimed at obtaining information about the disease suffered so as to lead to the right diagnosis, can eliminate differential diagnoses, and can determine the right management of the disease. Physical examination in this case found, the throat is not painful to swallow, the voice is not nasal, hoarse, the throat is not dry or slimy, the jaw is not stiff. In the nose, there was a blocked nose (-/-), sneezing (-/-), nosebleeds (-/-), impaired sense of smell (-/-), pain (-/-), foreign objects (-/-). The right and left ears did not ring, did not discharge fluid, did not complain of pain in the ears when the nose was blocked.

In the Nasal Endoscopy (NE) examination, the results showed that the epiglottis movement tended to be slow and the conclusion was that dysphagia ec suspect Epiglottic Inversion dysfnytion occurred (Figure 1)



**Figure 1.** Results of Nasal Endoscopy examination

Management of this patient is the administration of RL fluid 20 tpm which is a type of isotonic crystalloid fluid that functions to replace fluids (Singh, 2023). In accordance with the indications because patients with dysphagia experience decreased nutritional intake. Further management is given an injection of mecobalamin 500 mcg/24 hours which functions to meet vitamin B12 because patients with dysphagia experience vitamin B12 deficiency, treatment with vitamin B12 supplements, the patient showed significant improvement, then given omeprazole/24 hours, paracetamol/8 hours and a high-calorie, high-protein diet (TKTP).

For adequate management of patient complaints related to swallowing problems, a comprehensive morphological and functional diagnostic procedure is needed to evaluate the swallowing process from the oral cavity to the stomach and reveal the etiology and individual swallowing profile. The diagnostic procedure aims to reveal the components of dysphagia, especially to prove or rule out aspiration. In addition, classification and quantification of aspiration, as well as estimation of prognosis, should be performed. Further diagnostic objectives are recommendations for therapy and type of feeding, as well as indications for emergency therapy such as tracheotomy in cases of very severe aspiration. Swallowing therapy up to Naso Gastric Tube installation is recommended to ensure that intake does not penetrate the airway area.(Maximilian, 2012)

## Conclusion

In this case, patient came with a chief complaint of difficulty swallowing since 3 weeks ago. The patient also complained of coughing for 3 days and the cough felt intermittent, a feeling of obstruction in the throat, then the body felt stiff, and abdominal pain.

The diagnosis of dysphagia is based on the patient's complaints through anamnesis, physical examination and supporting examinations. Management of dysphagia patients depends on the underlying cause. The main thing is prevention of dehydration, malnutrition, and airway obstruction.

## Conflict of Interest

The authors have no affiliations or involvement in any organization or entity with any financial interest (such as honoraria, educational grants, participation in speakers' bureaus, memberships, employment, consultancies, stock ownership or other equity interests and expert testimony or patent licensing arrangements), or non-financial interests such as personal or professional relationships, affiliations, knowledge or beliefs in the subject matter or materials discussed in this manuscript.

## Consent Form

"Good morning, I'm [Doctor X], and I will explain the procedure we will perform to treat an abscess on your upper jaw. A maxillary abscess is an infection that results in a buildup of pus around the teeth or maxillary sinus, which can cause pain, swelling, and other symptoms.

The procedure we recommend is [specify procedure, for example abscess drainage, root canal treatment, or tooth extraction], which aims to drain pus and reduce infection. This action will also help relieve symptoms such as pain and swelling, and prevent the infection from spreading to surrounding tissue.

Some risks that may occur during this procedure include: Infection that may persist despite drainage.

Excessive bleeding.

Damage to the tissue around the abscess, such as teeth or bone.

Reaction to the anesthetic or antibiotic used.

However, this procedure has considerable benefits, such as reducing pain, stopping the spread of infection, and improving the condition of the tooth or tissue around the abscess.

I want to make sure you understand all the information regarding this procedure. If you have any questions or concerns, please ask, and I will try to explain further.

Do you agree to continue with this procedure? If yes, you can provide consent by signing the form we have prepared or giving verbal consent."

## **Acknowledgement**

We convey our deepest thanks to Dr.dr.H.Iwan Setiawan Adji, Sp. THT-KL for providing very meaningful guidance, advice and resources in the process of this publication.

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