

Przyczyny, diagnostyka i leczenie dysfagii neurogennej jako interdyscyplinarny problem kliniczny

Causes, diagnosis and treatment of neurogenic dysphagia as an interdisciplinary clinical problem

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Summary

The intricate mechanism of swallowing can be divided into three phases: oral, pharyngeal, and esophageal. Dysphagia is a disruption in the swallowing process, which include difficulty in transporting (or a lack of transporting) a food or liquid bolus from the mouth through the pharynx and esophagus into the stomach. Causes of disruptions in the swallowing process can be divided into superior (oropharyngeal) and inferior (esophageal) according to Paradowski et al. Neurologic dysphagia may be caused by a disruption in different parts of the central nervous system (supranuclear level, level of motor and sensory nuclei taking part in swallowing process, peripheral nerves level and a pathology of muscle cells and spindles) or neuromuscular and muscular disorders. Neuromuscular disorders causes according to Waśko-Czopnik et al. are: stroke, brain tumors, brain injury, bulbar and pseudobulbar paralysis, neurodegenerative diseases (amyotrophic lateral sclerosis, multiple sclerosis), tabes dorsalis, multisystem degenerations, Parkinson's disease, delayed dyskineses, Huntington's disease, myasthenia and myasthenic syndromes, myopathies and peripheral neuropathies. The correct diagnosis evaluation include history taking, physical examination with palpation and consultations (laryngological, gastrological and neurological). According to Halama radiological esophagogram, videofluoroscopy, flexible endoscopic examination, ultrasound examination, manometry, electromyography, scintigraphy and 24 hour pH monitoring are main diagnostic procedures of dysphagia. Some of the reasons for the neurologic dysphagia may be treated by surgical and pharmacological methods. Neurologic dysphagia rehabilitation is difficult, long-lasting and often falling far short of expected results. Primary it should include neurologic cause treatment if it is possible. According to WHO International Classification of Functioning and Health in 2001 non-invasive methods of dysphagia treatment may be divided into reconstitution, compensatory and adaptive techniques. The most popular reconstitution methods are thermal stimulation (Lazzar's) or tactilethermal application (Rosenbeck's) techniques which may be applied for abnormal duration of stage transition (DST). Abnormal duration of stage transition considerably increase probability of aspiration. Dysphagia treatment by compensatory methods consist in various techniques of swallowing and posture changes application. Adaptive techniques include dietary changes — avoiding of sustenances strengthening dysphagia and adequate dietary intake. The basic principle of dysphagia rehabilitation is that the most effective way to regain efficiency is the regeneration on remains of lost function. Carrying out imperfect swallowing acts is probably the best way of increasing effectiveness and efficiency of swallowing. On the other hand imperfect swallowing acts may be hazardous because of the danger of aspiration and inhalation pneumonia.

