A case report of Cervical Hyperostoses or Forestiers disease causing dysphagia and dysphonia is presented.

INTRODUCTION

A 65 year old man Mr. C. presented to our department with a history of neck pain, inability to turn and bend his head and difficult in swallowing solids since 1.5 years. Also there was a minimal change in voice. The neck pain was dull aching, and continuous along the nape of the neck. There was no history of cough, fever or chest pain. There was no history of injury to the neck. The above symptoms were progressive in nature.

The patient was a known case of Pulmonary tuberculosis on treatment and also a known diabetic on treatment. A detailed ENT, head and neck examination was done. Oral cavity and oropharynx was normal. Indirect laryngoscopy examination revealed a smooth bulge over the posterior pharyngeal wall starting at the level of the vallecula and extending down. The mucous membrane over the bulge was normal. The base of tongue, vallecula and epiglottis were normal. The bulge was obscuring the view of the entire larynx. Neck examination revealed no swellings. Flexion, extension and side to side movements of the neck were restricted.

X-Ray of the neck showed large anterior osteophyte formation in the cervical vertebrae C4, C5, and C6, which was pushing the pharynx anteriorly and was responsible for the smooth bulge on indirect laryngoscopy. X-Ray of the chest showed ossification and thickening of the anterior longitudinal ligament. A diagnosis of Forestiers disease was made.

DISCUSSION

Forestiers disease also called as Diffuse Idiopathic Skeletal Hyperostosis (DISH) or Senile Ankylosing Hyperostosis of spine is a disease which affects older subjects. It is characterised by extensive hyperostoses and/or ossification of the paraspinal ligaments anteriorly and laterally and tends to be more severe in the lower cervical and thoracic spine. Ossifications are large and result in a corrugated appearance of the spine. This process may not represent a disease but rather may be an exaggerated response to stimuli that produce minimal to moderate bone formation in healthy persons. The absence of changes in the lumbosacral spine and sacroiliac joints differentiates this conditions from ankylosing spondylitis.

Large cervical osteophytes in association with DISH cause effects on the nearby viscera. Majority of the osteophytes seen in association with DISH are asymptomatic. A small number of patients present with symptoms of dysphagia, foreign body sensation, dysphonia and airway obstruction. This is attributable to the obstructive effects of osteophytic indentation of the pharyngeal and/or esophageal lumen and in extreme cases due to pressure on the larynx and trachea.

It is imperative that a full investigation is carried out in patients with radiological evidence of osteophytes, to exclude other possible causes for the above symptoms; particularly malignancy of the upper aero-digestive tract.
Unusual Cause of Dysphagia—M. P. Raghu

Lateral X-Ray of the neck demonstrates significant osteophytes. A barium swallow examination would reveal the extent of physical obstruction. Xeroradiography will show laryngeal and tracheal involvement. Sometimes a CT scan may be needed. Flexible endoscopy is a must in those cases suspected of neoplasia. Only when no other pathology is evident can the osteophytes be blamed to be responsible for the symptoms.

In mild cases no treatment is required; some cases resolve spontaneously. Medical treatment involves anti-inflammatory drugs for the pain. In only those cases where the symptoms are persistent and severe, is surgery advised. Surgical treatment involves excision of the osteophytes through antero lateral extrapharyngeal route. Complications of surgery include—recurrent laryngeal nerve palsy, effects of general anaesthesia, cervical spine instability and a recurrence of osteophyte formation.

SUMMARY

Cervical Hyperostosis or Forestier's disease is a disease of elderly patients where the prominent cervical osteophytes cause indentation of the posterior pharyngeal wall causing dysphagia, dysphonia and in extreme cases respiratory distress. A case of cervical hyperostosis causing dysphagia and dysphonia is discussed here.

CONCLUSION

Forestier's disease or cervical hyperostoses is not a very uncommon disease. It could be easily mistaken for a retropharyngeal abscess or a posterior pharyngeal growth. An X-ray of the neck in lateral view clinches the diagnosis.