



Atypical Presentation of Case of Dysphagia

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ABSTRACT

Dysphagia occurs due to various causes. Here we have a Atypical presentation of Dysphagia

Case Report: Sixty year old Mr Arunachalam from No: 19 MGR Nagar, Thiruverkadu was admitted in our Hospital vide IP NO:7121 on 24-03 -2015. For complaints of obstructive feeling in lower part of throat with difficulty in swallowing.

Patient gives history of right sided Inguinal Hemioplasty, two months ago outside our hospital. Complaints of pain over Right Testis.

On questioning, Patient gives history of having been taking NSAIDS analgesics in the form of Diclofenac sodium, Acenofenac and other anti inflammatory drugs for nearly forty days on and off ON EXAMINATION- Patient was afebrile. Pulse 76/minute. BP ;120/80 mm of mg. CVS: Normal. RS: Clear.

ABDOMEN:- Soft and scaphoid. No specific tenderness made out over any quadrant of abdomen. No organomegaly. No mass palpable. Operative site is Healthy. Right testis normal.

KEYWORDS :

INVESTIGATIONS:-

Hb: 12.6gms Total count:7600cells/cm Differential Count: P65 %L30% E4% M1% ESR: 8mm/hr Blood Sugar: 96mgm Urea: 32mgm Creatinine:0.8 mgm Liver funtion test: Normal values Lipid profile: Normal values

Serum Electrolytes: Normal values

XRAY Chest: Normal study.

ECG: Within Normal Limts

Plain xray Abdomen: NAD

ULTRASONOGRAM OF ABDOMEN: NORMAL STUDY XRAY CERVICAL SPINE: AP/LAT

Orthopaedic opinion : Revealed no abnormality ruling out cervical lesion causing dysphagia.

Patient was subjected to ENT Examination:- No pooling of saliva. Normal study ruling out ENT problem causing dysphagia.

BARIUM SWALLOW STUDY: NORMAL.

UPPER GI ENDOSCOPY: Revealed Throat,oesophagus,oesophago-gastric junction normal.

There was evidence of PAN EROSIVE GASTRITIS WITH ANTRO-PYLORIC EROSIVE GASTRITIS





Patient was put on I.V Fluids, Inj. Pan 40 mg IV bd, Sucalfate syrup, Inj. B12. H PYLORI KIT FOR TWO WEEKS.

Patient improved, able to swallow by himself.

DIAGNOSIS:-DYSPHAGIA DUE TO PAN EROSIIVE GASTRI-TIS WITH ANTROPYLORIC EROSIIVE GASTRITIS

DISCUSSION:-

This sixty year old male presented with complains of dysphagia, obstructive feeling in the throat revealed no organic lesion in the throat or oesophagus. Upper GI Endoscopy revealed pan erosive gastritis, which was treated appropriately and the patient improved. This case is presented for the atypical presentation of dysphagia due to pan erosive gastritis with antro- pyloric erosive gastritis



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Report Header

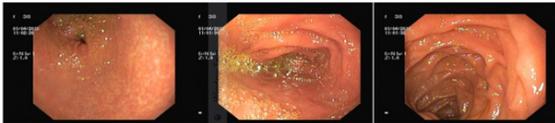
SURGICAL DEPARTMENT

Patient Name: Mr. Neelakandan
 Contact #: Age/Gender: 55Yrs, Male
 Hospital ID: 7121 Visit Date: 4/1/2015
 Referred Dr: Suraj Subramaniam M.S., MRCS Consulted Dr: Dr S Suraj Subramaniam MS, MRCS
 Procedure: UGI Scopy Medication: 2% Iignocaine spray

Diagnostic Images:



Oesophagus - Normal, OG junction @ 38cms, Z line (Squamo columnar junction) @ 36 cms
 Fundus of Stomach - Normal
 Body of stomach - pan erosive gastritis



Antro pylorus - erosive gastritis. Gastric outlet - normal.
 D1 - inflammed
 D2 - normal

Visit Summary:

Pan erosive gastritis with antro pyloric erosive gastritis