Hyperostosis-related Dysphagia

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J Rheumatol 2012;39;1482
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To the Editor:

We read with great interest the report by Palazzi, et al1 describing a case of progressive spinal stiffness and dysphagia for solid foods, related to typical and proliferative diffuse hyperostosis, recognized as diffuse idiopathic skeletal hyperostosis by the authors. They were rightly impressed by the esophageal compression.

Nevertheless, such cases are not so rare; we encountered 5 similar patients over the last 3 years (3 of the cases have been published)2. Dysphagia may be the major symptom, leading to weight loss and subsequent hospitalization2, with massive anterior cervical hyperostosis identical to the case reported by Palazzi and colleagues1. Plain radiographs are usually sufficient to make the diagnosis, but a computed tomography scan may reveal the size of the hyperostosis and its location relative to the esophagus (Figure 1). The cervical spine is frequently affected in patients with diffuse hyperostosis3, and dysphagia may occur in about 17% of patients with cervical ossification3,4. Dysphagia in cases of cervical hyperostosis may be related to direct impingement, fibrotic adhesions, or epiglottic mobility impairment5,6. The severity of dysphagia may require surgical treatment6,7,8.

Hypervitaminosis A should be suspected in this condition, as we found elevated serum levels of vitamin A in our patients2. Vitamin A, as well as retinoid therapy, may induce or promote hyperostosis9.

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J Rheumatol 2012;39:7; doi:10.3899/jrheum.120148

Figure 1. Computed tomography scan of the upper thoracic spine showing anterior hyperostosis compressing the esophagus.