Hyperostosis-related Dysphagia

To the Editor:

We read with great interest the report by Palazzi, *et al*[1] 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 hospitalization[2], with massive anterior cervical hyperostosis identical to the case reported by Palazzi and colleagues[1]. 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 hyperostosis[3], and dysphagia may occur in about 17% of patients with cervical ossification[3,4]. Dysphagia in cases of cervical hyperostosis may be related to direct impingement, fibrotic adhesions, or epiglottic mobility impairment[5,6]. The severity of dysphagia may require surgical treatment[6,7,8].

Hypervitaminosis A should be suspected in this condition, as we found elevated serum levels of vitamin A in our patients[2]. Vitamin A, as well as retinoid therapy, may induce or promote hyperostosis[9].

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

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