



PERSPECTIVES on Swallowing and Swallowing Disorders (Dysphagia)



AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION DIVISION 13

Debra M. Suiter
Editor's Corner

The theme for this issue of *Perspectives* is Esophageal Dysphagia. Joel Rubenstein describes esophageal etiologies of dysphagia. Janet Wilson then discusses the otolaryngologist's perspective on esophageal dysphagia. Jo Puntill Sheltman provides descriptions of radiological procedures used in the diagnosis of esophageal dysphagia. Benson Massey then discusses treatment options for dysphagia symptoms resulting from esophageal disorders. Finally, Caryn Easterling explains the role of the speech-language pathologist in working with individuals with esophageal dysphagia. Thank you to all of our authors for sharing their knowledge and expertise with our readers.

This issue is my last issue as Managing Editor for *Perspectives on Swallowing and Swallowing Disorders*. I have enjoyed serving as Editor over the past 3 years. I'd like to welcome Teresa Brobeck from New Mexico State University who takes over the editorial reigns for the next 3 years. She and her committee are already busily working on the *Perspectives* issues for 2008. Topics for next year's *Perspectives* are Dysphagia and Aging, Update on Dysphagia Treatment, Pediatrics, and Physiology and Pharmacology.

Esophageal Etiologies of Dysphagia: A Guide for SLPs

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Introduction

Patients referred to speech-language pathologists (SLPs) for dysphagia often have a primary esophageal etiology for their dysphagia. This is likely in part due to referring providers' limited experience in distinguishing esophageal dysphagia from oropharyngeal dysphagia, but even expert otolaryngologists, gastroenterologists, and SLPs need assistance from each other in complicated cases for excluding etiologies from each other's domain of expertise. Furthermore, SLPs may discover hesitancy in the initiation of the swallow or discover repetitive swallows, behaviors that may be due to poor esophageal clearance of the bolus. The aim of this overview is to familiarize SLPs with the esophageal physiology of the swallowing mechanism, the common and classic esophageal etiologies of dysphagia, the diagnostic modalities, and indications for referral.

Esophageal Physiology

The proximal third of the esophagus is made of striated muscle like the oropharyngeal musculature. The distal third of the

esophagus is made of smooth muscle, as is the remainder of the gut. After the relaxation of the upper esophageal sphincter, and pharyngeal clearance of the bolus into the proximal esophagus, a reflexive, peristaltic "primary stripping wave" is initiated that propels the bolus distally. The amplitude of this peristaltic wave is normally higher

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