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Image in rheumatology

Esophagus type cervical spondylosis

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Lateral radiography of the cervical spine (Fig. 1A) and CT of cervical spine (Fig. 1B) of a 67-year-old man presenting difficulty in swallowing showed prominent osteophytes, and the esophagus and trachea were compressed. Esophagoscopy revealed no lesion of the esophagus, however, a marked bulge was found in the posterior wall at C4–6. After anterior cervical osteophytes resection and internal fixation of C4–6 (Fig. 1C), he could swallow normally. Anterior cervical osteophytes are usually asymptomatic but can in specific cases such as diffuse idiopathic spinal hyperostosis (DISH) be so huge to compress anterior structures such as the oesophagus, leading to dysphagia [1].

Disclosure of interest

The authors declare that they have no competing interest.

Reference

- [1] Valadka AB, Kubal WS, Smith MM. Updated management strategy for patients with cervical osteophytic dysphagia. *Dysphagia* 1995;10:167–71.

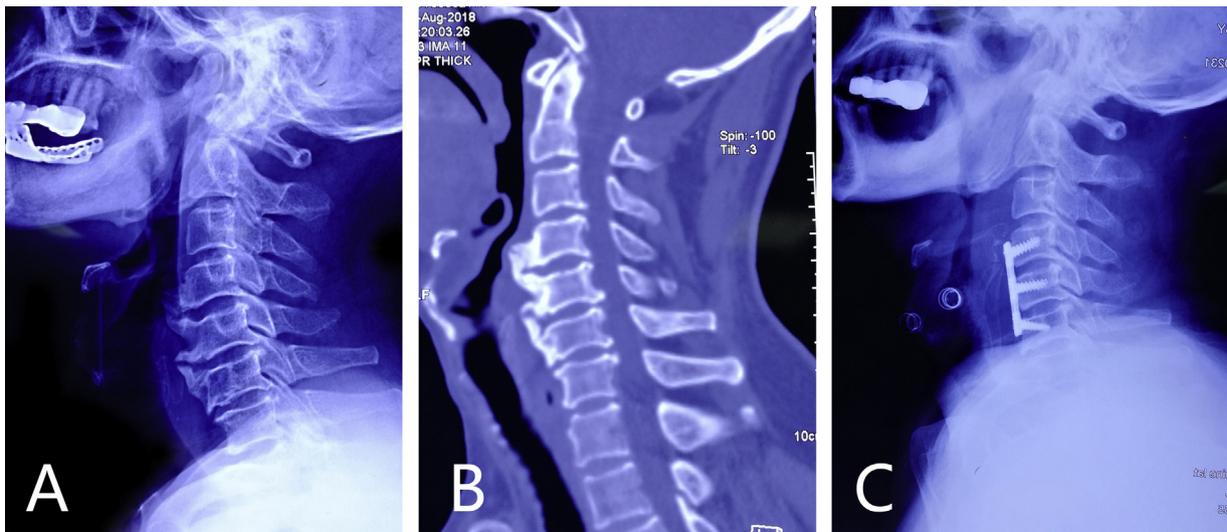


Fig. 1.

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