

A Brief Note on Dysphagia Caused by Thyroid Cornu Anatomical Variation

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INTRODUCTION

The dysphagia is a problem with swallowing that can be caused by problems with the mouth, pharynx, or oesophagus. Globus pharyngeus, "sticking of food" in the upper neck, suprasternal or sub sternal area, nasal regurgitation, failure of swallowing initiation, aspiration, pain-odynophagia, and heartburn are all common patient complaints. Trauma, infections, inflammations, oesophageal motility disorders, neoplasms, neurologic disorders, medicine, ageing (press by dysphagia), foreign body, caustic lesions, pharyngeal pouch, globus pharyngeus, tracheostomy, and thyroid illness are some of the acquired causes of swallowing problems. We present a case of globus pharyngeus with dysphagia caused by a rare thyroid cartilage anatomical anomaly [1].

DESCRIPTION

The A 56-year-old man came to the ENT outpatient clinic with a foreign body sensation in his neck and a painful swallow on occasion. Symptoms first developed three months ago, with no prior neck injuries or other incident. On assessment, the patient appeared underweight and admitted to drinking too much alcohol. He was a chain smoker with a history of high blood pressure and angina.

The flexible endoscopy of the larynx was uneventful, as was the routine ENT examination. The patient was scheduled for an examination under anesthesia (EUA), which comprised direct hypopharyngoscopy, micro laryngoscopy, and esophagoscopy. The EUA indicated a bulge of the left posterior hypo pharyngeal wall bulging into the left piriform sinus, which was normal for the oesophagus and larynx. It exhibited a bone or cartilage consistency on probing, no malignancy characteristics, and was lined by smooth, macroscopically healthy mucosa. The underlying aetiology of the lesion was suspected to be thyroid cornu, hence a CT scan of the neck was scheduled as the imaging study of choice. Because the underlying tissue was unknown, a biopsy was not a possibility [2,3].

The thyroid cartilage is the larynx's framework, with two superior cornua and two lower cornua. The superior cornu is linked to the lateral thyroid ligament, which extends to the greater hyoid cornu. Investigated cadaveric thyroid cartilages and discovered a directional preponderance in asymmetry in older persons. Against the cricoid cartilage, the thyroid cartilage as a whole tended to tilt to the right. Later morphometric studies of the laryngeal framework were useful in estimating the size and extent of the cartilaginous components as well as the human larynx as a whole. However, no mention was made of a superior cornu dislocation documented the dislocation of the superior thyroid cornu as a result of laryngeal trauma caused by inflexible ossified laryngeal cartilages in 1994. Published a series of 11 cases

of postoperative throat pain produced by swallowing or neck rotation, the majority of which were caused by the superior cornu of the thyroid cartilage extending posteriorly and medially [4,5].

Browning and Whittet published the first series of five cases with identical anatomic variance that were not attributable to trauma in 2000. Symptoms were resolved after resection of the cornu tip projecting in the hypo pharynx. Since that investigation, three further studies were published in 2005 and 2006 describing the occurrence of this aberration in the absence of past neck injury, intubation, or other neck or laryngeal treatment.

CONCLUSION

Various hypotheses have been proposed to address the problem. Thyroid cartilage ossification begins at the inferior margin and extends posteriorly at each all between the ages of 20 and 23, but the superior margin is never ossified. However, the dislocation of the superior cornu and the delayed start of globus or dysphagia could be explained by a change in thyroid cartilage ossification. It was also proposed that this could represent a congenital impairment in the formation of the 4th arch, however this does not explain the symptom manifestation in older age. There haven't been many cases documented, thus there's little evidence to back up any of these theories. We provide our case to add to the scant international literature on the subject.

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