

## EAR, NOSE & THROAT

### Hard to swallow

For many, eating is a pleasure. Some literally “live to eat”, but there are others among us who endure a life of misery, deprived of this basic pleasure because of the inability to swallow.



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This inability is called dysphagia, and it can occur for a variety of reasons. The throat is made up of muscles that contract and push food downwards into the stomach. The act of swallowing is finely coordinated by the brain and executed through nerve connections via the muscles of the throat. Any disease affecting the brain (such as stroke, dementia or Parkinson’s disease), nerves and muscles (such as post-radiotherapy for cancer and autoimmune diseases) can impair the ability to swallow.

Any obstruction in the throat or oesophagus (the food passage leading from the throat to the stomach) such as a tumour can cause food to get stuck. The inability of food to transit smoothly from the

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throat into the oesophagus may inadvertently lead to aspiration of food into the lungs, causing pneumonia. This may be life-threatening, especially in the frail and elderly.


The risk of dysphagia increases with age. The elderly are more prone to strokes and degenerative diseases of the brain. They may be frail and

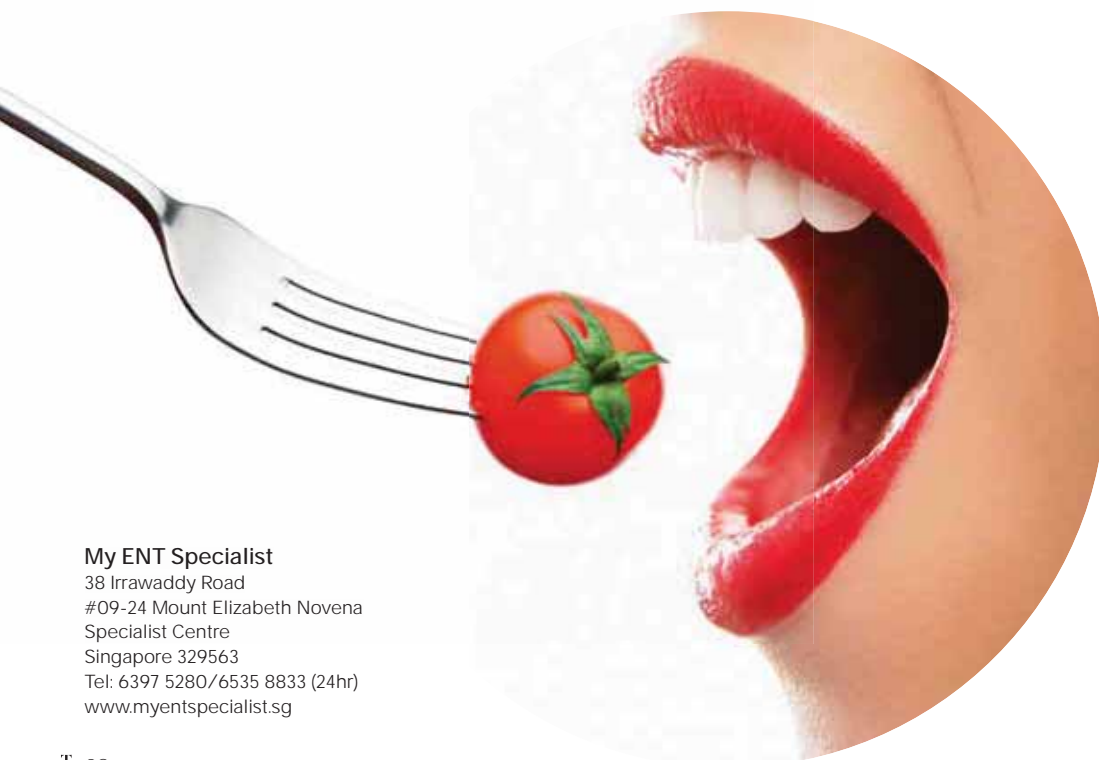


be taking medication that cause mouth dryness, making swallowing more difficult. If food goes the wrong way into the lungs, they also have more difficulty coughing it up.

If you know someone who has difficulty swallowing, he or she should see an ENT specialist for an evaluation. An examination of the head and neck is necessary to exclude an obstructive cause. A neurologist may be consulted if a neurological disorder is suspected. Very often, the ENT specialist will work with a speech and swallowing therapist to evaluate the patient’s ability to swallow food using special cine-XR films or via a flexible nasendoscope.

Depending on the dysfunction, swallowing therapy or surgery may be required. In severe dysphagia with a high risk of aspiration, feeding is sometimes impossible and the patient may need a feeding tube. A nutritionist may be consulted to optimise the caloric intake before malnutrition and dehydration set in.

In conclusion, dysphagia may be dangerous and can lead to aspiration pneumonia. If you know someone who is having difficulty swallowing, don’t procrastinate any longer. He or she should be evaluated as soon as possible. 



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