

□ PICTURES IN CLINICAL MEDICINE □

Dysphagia: Clinical Manifestation of Ossified Anterior Longitudinal Ligament

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Picture 1.

A 78-year-old hypertensive male who had never consumed alcohol complained of food sticking to his throat during swallowing for the past 8 years. With no abnormal findings on endoscopy, he was referred to Aizawa Hospital for further investigation. Brain computed tomography revealed no remarkable findings. Cervical spine radiography revealed extensive ossification of the anterior longitudinal ligament (OALL) of C4-C7 (Picture 1). Videofluoroscopy after swallowing showed barium retention in the valleculae due to incomplete tilting of the epiglottis and in the pyriform sinus due to OALL-induced mechanical compression (Picture 2), which was exacerbated by the OALL-induced limited cervical motion. Instead of surgical management, he was provided with dietary instructions regarding the consistency of liquids and textures of food. In this patient, OALL manifested as dysphagia. In total, 0.1% to 6% of OALL patients develop dysphagia (1), highlighting the relevance of a causal



Picture 2.

relationship between dysphagia and OALL.

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Reference

1. Murayama K, Inoue S, Tachibana T, et al. Ossified posterior longitudinal ligament with massive ossification of the anterior longitudinal ligament causing dysphagia in a diffuse idiopathic skeletal hyperostosis patient. Medicine (Baltimore) 94: e1295, 2015.

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