In Reference to “Partial Epiglottoplasty for Pharyngeal Dysphagia due to Cervical Spine Pathology”

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No sponsorships or competing interests have been disclosed for this article.

Jamal et al recently described the role of epiglottoplasty in the treatment for pharyngeal dysphagia caused by anterior cervical osteophytes. The article suggests that large cervical osteophytes prevent the complete retroflexion of the epiglottis, causing vallecular pooling and dysphagia; thus, removal of a portion of the epiglottis will improve these symptoms, without necessitating more complex and debilitating spine surgery. While this is a simple yet interesting concept, we do have some comments on the study.

First, of the 9 patients who received epiglottoplasty, 3 had previous anterior cervical spine (c-spine) surgery. Dysphagia following anterior c-spine surgery is a well-described complication and can persist for up to a year following surgery. Dysphagia may be due to swelling and prominent hardware, as posited in the paper. However, dysphagia may also be due to disruption of vagal afferents and motor fibers to the pharynx or to decreased laryngeal elevation as a result of instrumentation, among others. Patients who had previous c-spine surgery should be excluded from the study, as it is difficult to assess the true nature of their dysphagia and whether epiglottoplasty is truly of benefit.

Second, no information in the study is reported regarding the level, size, or number of osteophytes when the epiglottoplasty was performed. One can imagine that large osteophytes closer to the larynx or esophageal inlet may cause dysphagia by causing narrowing in this area, rather than by vallecular pooling. Therefore, epiglottoplasty may not be of benefit and may cause worsened dysphagia by removing its protective function.

Overall, we congratulate the group for this intriguing concept and novel treatment for dysphagia. We feel that this procedure would be of most benefit in the correctly selected patient—that is, a patient without previous c-spine surgery where the main source of dysphagia is due to impaired epiglottic retroversion. It may be best suited as a procedure for patients unwilling or unable to undergo anterior c-spine surgery due to medical issues. Further study including a larger number of patients and more complete information regarding the nature of the dysphagia is clearly needed before widespread adoption of the procedure is considered.

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References


Authors’ Response to Letter: “In Reference to ‘Partial Epiglottoplasty for Pharyngeal Dysphagia due to Cervical Spine Pathology’”

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We appreciate the comments by Drs Amit Patel, Christopher G. Tang, and Andrew Blitzer regarding our article “Partial Epiglottoplasty for Pharyngeal Dysphagia due to Cervical Spine Pathology.” As the title suggests, the unifying pathophysiology of the epiglottic dysfunction reported in the patients was pharyngeal crowding due to cervical spine abnormalities,