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Summary

Dysphagia in myositis: How to detect and treat a commonly overlooked cause

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Oesophagus | Neurogastroenterology & Motility

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The speaker presented a diagnostic algorithm and management approach for dysphagia in myositis, reporting that dysphagia occurs in 36% of myositis patients overall and 56% of inclusion body myositis patients, and may be the presenting or isolated symptom.

KEY POINTS

- The speaker stated that dysphagia is outcome-relevant in myositis, associated with pneumonia, malnutrition, and increased mortality, with some studies suggesting it is the main cause of premature mortality
- Specific instrumental findings compatible with myositis include reduced pharyngeal contractility, upper esophageal sphincter opening disorder, reduced laryngeal elevation, and esophageal hypomotility, which differ from dysphagia patterns in stroke or Parkinson's disease
- The speaker proposed a diagnostic algorithm starting with FEES and videofluoroscopy to characterize phenotype, followed by exclusion of other neurological causes, then myositis-focused testing including muscle enzymes, whole body MRI, EMG, and autoantibody panel, with muscle biopsy in selected cases
- In the speaker's series at University Hospital Münster, 20 of 72 patients with unclear dysphagia were diagnosed with myositis using this algorithm, and 18 of these 20 had subclinical signs in other muscle groups
- The speaker recommended combining disease-specific immune modulatory treatments (which may improve dysphagia) with symptomatic phenotype-based treatments such as balloon dilatation for upper esophageal sphincter opening disorder
- The speaker stated that treating associated malignancies in paraneoplastic myositis usually dramatically improves myositis and dysphagia

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