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Summary

Idiopathic dysphagia: What if the cause isn’t obvious?

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Oesophagus | Neurogastroenterology & Motility

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A 77-year-old man with severe progressive dysphagia over ten years and normal neurological examination was diagnosed with probable Jo-1 myositis based on positive Anti-Jo-1 antibody despite normal CK, muscle MRI, and EMG, and showed sustained improvement with immunosuppression.

KEY POINTS

- The speaker reported the patient had severe oropharyngeal dysphagia with silent aspiration on multiple consistencies, reduced pharyngeal contraction, immotile esophageal body, and a functional oral intake scale score of one (nothing by mouth).
- Despite normal muscle enzyme (CK), normal whole body muscle MRI, and normal EMG showing no myopathic change, the diagnosis of probable myositis was established using EULAR ACR 2017 criteria based on progressive dysphagia confirmed by instrumental assessment and strongly positive Anti-Jo-1 antibody.
- The speaker stated that treatment with IV methylprednisolone followed by oral prednisolone and azathioprine resulted in improvement of the functional oral intake scale from 1 to 3, with better bolus clearance on FEES and sustained improvement at 12 months.
- The speaker's key teaching point was that in patients with severe unexplained dysphagia and normal standard neuromuscular workup, Jo-1 myositis can still be present with isolated dysphagia and normal CK and MRI, and autoantibody testing should be part of the diagnostic workup.
- A PEG tube was placed on day zero to secure nutrition before initiating immunosuppressive therapy.

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