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Summary

# Panel discussion: The pharyngoesophageal junction: A bottleneck in swallowing

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Oesophagus | Neurogastroenterology & Motility

October 18, 2026

**Panel discussion addressed diagnostic challenges in oropharyngeal dysphagia associated with neuromuscular disorders, including myositis and myasthenia gravis, emphasizing the need for appropriate triage and specialized assessment.**

KEY POINTS

- The speaker stated that cricopharyngeal opening disorders in myositis are probably heterogeneous and may involve reduced laryngeal elevation rather than true hypercontractility, which would require high resolution manometry to confirm
- Late-onset myasthenia gravis is the most rapidly growing population within myasthenia gravis and is common in the elderly, not rare as commonly assumed
- The speaker reported that newer treatments for myasthenia gravis address bulbar function better, though no studies have compared them using FEES, and some clinicians feel plasmapheresis may be superior to IVIG for rescue treatment
- Checkpoint inhibitor-induced myasthenia gravis can cause dysphagia and may overlap with myositis; the speaker's series found 4 to 5 immune-related adverse event cases among 15 myasthenia patients
- The speaker does not recommend empirical prednisolone in elderly patients with unexplained dysphagia but recommends speech language pathology, oral hygiene optimization, and nutritional monitoring for all oropharyngeal dysphagia patients
- Participants described developing transnasal endoscopy pathways to triage dysphagia referrals and reduce inappropriate cancer-pathway endoscopies for oropharyngeal disorders

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