

Image

Cause of dysphagia in elderly with dementia: pancreatic tail neoplasm

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Abstract

It describes dysphagia secondary to metastatic involvement of the esophagogastric junction, in a clinical case with several poorly described relationships: dementia-neoplasia of pancreatic tail-infiltration of the esophagogastric junction.

Clinical images

A 93-year-old woman referred from a nursing home by weight loss, fatigue, dysphagia for solids and liquids and sialorrhea after swallowing from 6 months ago. In recent weeks, epigastralgia associated with intakes. As medical history: left hip fracture 2 years ago, moderate-stage dementia with recent memory impairment of more than 2 years of evolution. She walks short routes with walker, precise help for rest of basic activities of daily living. Physical examination, with no significant findings. No analytical alterations. Tumor markers, negative. Abdominal CT with intravenous contrast in arterial and portal venous phases: infiltrating mass compatible with primary pancreatic tail neoplasia (Figure A), with left paraaortic adenopathies and extensive gastric, esophagogastric junction (Figure B) and visceral perivascular infiltrations. During her stay the patient presents hypoactive delirium, inability oral feeding, vomiting of bilious and undigested food content, with a good response to haloperidol [1]. Moved to Palliative Care Unit for control and management of symptoms.

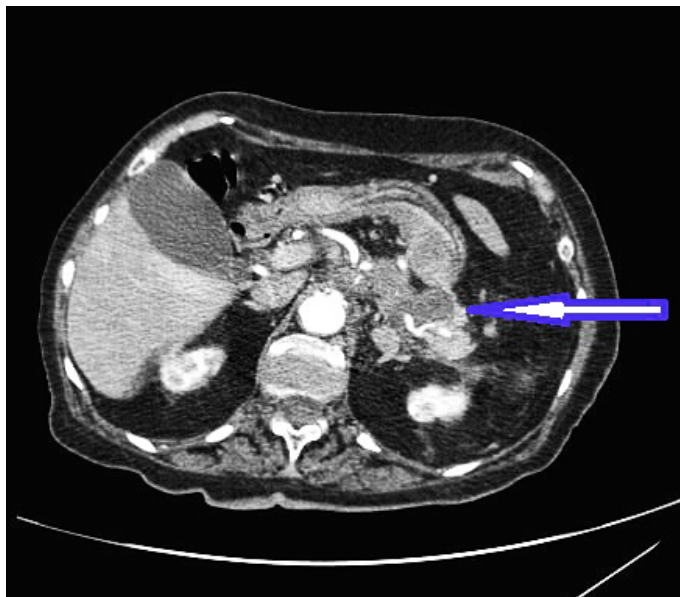


Figure A. infiltrating mass compatible with primary pancreatic tail neoplasia

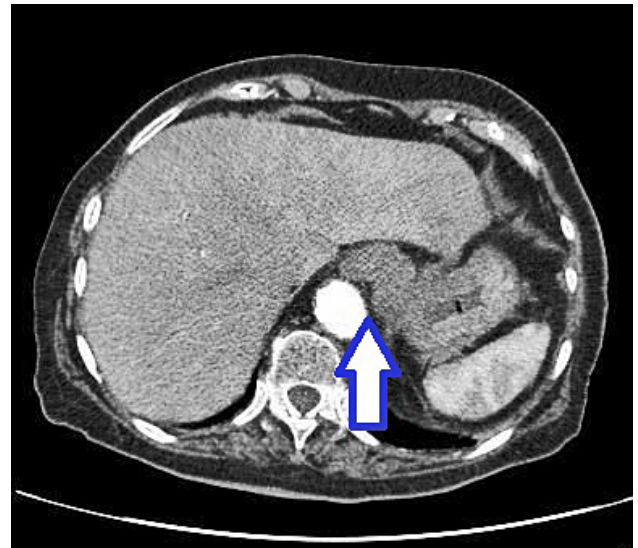


Figure B. Left paraaortic adenopathies and extensive gastric, esophagogastric junction

Conclusion

It is important to assume that, in patients with dementia who suffer from dysphagia, the etiology is not just neurogenic. In this case, it describes dysphagia secondary to metastatic involvement of the esophagogastric junction, in the inverse association between cancer and neurodegenerative disease [2].

Conflicts of interest

None declared

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