A 65-year-old male patient presented to our ENT Department for progressive dysphagia. He described the symptom like a sensation of food getting stuck in the throat.

Prior, the patient had been evaluated clinically and paraclinically (neck CT scan) for the same symptoms in another ENT Department. After the evaluation he was diagnosed with: dysphagia due to cervical osteophytes.

Figure 1  Neck CT scan, axial (A,B,C) and sagittal (D) slices – cervical osteophytes, with secondary narrowing of the hypopharynx space.
syndrome, obstructive nasal septum deviation. The treatment indications given by the ENT spe-
cialist for the progressive dysphagia consisted in:
septoplasty, tonsillectomy and laser-assisted uvu-
lopalatoplasty.

In this context, the patient addressed to us for a second opinion. Our clinical reevaluation
identified a nasal septum deviation, eutrophic
palatine tonsils, a normal aspect of the soft pal-
ate, but also the protuberance of the posterior
wall of the hypopharynx with consecutive nar-
rowing of the hypopharynx.

Analyzing the neck CT scan, we observed a
narrowing at the hypopharynx space level due to
cervical osteophytes (Figure 1A,B,C,D). The CT
was in complete correlation with the local aspect
of the hypopharynx.

A deviated nasal septum, no matter the grade,
cannot cause dysphagia. Also, it is well known that
a chronic pathology of the palatine tonsils and
the soft palate, if present, can be associated with
sleep-breathing disorders and not with dysphagia.

Taking into consideration that the pharyngeal
phase of swallowing is involuntary and that the
narrowing of the hypopharynx can disturb the
normal course of the bolus, we considered that
the cause of the progressive dysphagia was the
cervical osteophytes.

From our point of view, the previous treat-
ment indications received by the patient were
not necessary and would have not resolved the
swallowing disorder.