Dysphagia – A Presenting Symptom of Forestier Disease

Case Report

CER Gibbons
FRCS
Senior House Officer

Maj F Khan
FRCS RAMC
Senior Registrar

Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, Middx

SUMMARY: We describe the case of a 48-year-old lady who developed dysphagia to solids. Barium swallow and lateral spine radiographs confirmed Forestier disease.

Case Report

A 48-year old lady presented to the Surgical Out Patient Department with a three month history of dysphagia to solids. Her appetite was normal and she denied weight loss. There was no history of neck stiffness or pain.

Clinical examination and routine blood tests were unremarkable. Indirect laryngoscopy was normal. A barium swallow was arranged which showed indentation of the cervical oesophagus (Fig 1). The remaining oesophagus appeared normal. Lateral cervical spine radiographs confirmed a bridging mass of exuberant bone formation anteriorly, between the fifth and sixth cervical vertebrae, with preservation of the disc spaces.

Radiographic features were consistent with Forestier disease (ankylosing hyperostosis, or diffuse idiopathic hyperostosis). The lady remained symptomatic but declined any further investigation or treatment.

Fig 1. Barium swallow showing indentation of the upper oesophagus by a bridging mass of new bone formation from the anterior vertebral bodies of the cervical spine.

Discussion

Forestier Disease (ankylosing hyperostosis or diffuse idiopathic skeletal hyperostosis) is a non-inflammatory degenerative disease resulting in the formation of small osteophytes along the anterior and lateral aspect of the

spinal column. These tend to coalesce and result in linear ossification along the spine (1).

The condition was first described by Jacques Forestier in 1950 after testing spinal mobility in cadavers. After anatomical and radiographic studies it was shown that a number of cases of ankylosis were associated with a flowing pattern of new bone formation along the anterior aspect of the spinal column. These findings were also found in a number of young adults. Extraspinous bone production at ligamentous and tendinous attachments was also demonstrated.

Forestier disease most frequently presents in men over the age of fifty. The clinical manifestations are strictly mild irrespective of the site of hyperostosis. Spinal mobility is usually mild, and may be associated with a decrease in mobility. At the cervical level a large and prominent spur may cause dysphagia (2), however it remains an uncommon cause of this symptom (3).

The diagnosis of Forestier disease is a radiological one. Usually the bony outgrowths affect several common vertebrae. The lower thoracic spine is most frequently affected. Anterior and lateral spurs occur in the early stages, and the posterior portions are usually spared. Early small osteophytes coalesce to form a continuous pattern. The disc spaces are usually well preserved. Normal segments may intervene between the continuous areas of ossification.

Extraspinous involvement occurs in most patients with long standing disease, and the pelvis is almost always affected. Bony outgrowths may also occur near the knee and shoulder joints.

This case demonstrates the presentation of Forestier disease with dysphagia but without musculoskeletal symptoms. Dysphagia is a recognised symptom of cervical spine involvement but Forestier disease remains an uncommon cause of dysphagia. Lateral cervical spine radiographs are helpful in the diagnosis of dysphagia in patients with Forestier disease. However, it remains imperative that other more serious causes of dysphagia are excluded by means of indirect laryngoscopy and barium swallow or endoscopy.

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Surgical excision of the new bone formation anteriorly may be carried out in the presence of persistent and severe symptoms of dysphagia. No further treatment was carried out in this case.

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