Case report

A posterior pharyngeal web in sideropenic dysphagia

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Abstract

A case is presented in which a post-cricoid web was shown arising posteriorly instead of in the almost invariable anterior situation. The patient was not anaemic and some brief comments are made on the inconstant relationship between anaemia and the presence of a web.

Kelly (1919) related dysphagia to anaemia and described how 'the gullet seemed closed by a web passing backwards from the cricoid'. Subsequent authors emphasize this and Waldenstrom and Kjellberg (1939) state that radiologically and at oesophagoscopy there is 'a thin semilunar membrane on the anterior wall stretching towards the lateral walls of the gullet'. Shamma'a and Benedict (1958) and Seaman (1967) state that webs arise anteriorly but may be circumferential.

This report presents a patient with longstanding dysphagia and anaemia in whom a posterior pharyngeal web was shown.

Case history

A woman aged 42 years had experienced dysphagia for 27 years during which time she had subsisted solely on milk and sloppy foods. She was anxious and depressed and a diagnosis of hysteria had been made 16 years earlier. She had been intermittently anaemic for 14 years with haemoglobin levels down to 7·4 grams/100 ml and had received repeated courses of oral and parenteral iron from her General Practitioner. The previous year her serum iron had been estimated before and after a course of parenteral iron at 30 mg/100 ml and 69 mg/100 ml respectively.

On examination she was tense and depressed and, despite her restricted diet, was 20 Kg overweight. Her tongue was smooth but her skin and nails were normal. No other abnormality was noted.

Investigations

Haemoglobin 13·9 grams/100 ml. Serum iron 104 mg/100 ml. Serum B12 335 pg/ml.

Barium swallow: 'There is a web constricting the upper oesophagus at the post-cricoid level. This arises almost entirely from the posterior and lateral walls with only a thin jet of barium passing through' (Figs. 1 and 2). Oesophagoscopy confirmed this and showed the lumen anteriorly to measure only 2 mm in diameter.

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FIG. 1.

Discussion

Post cricoid pharyngeal webs appear radiologically as thin projections from the anterior wall (Cummack, 1969; Brombart, 1961). Posterior impressions at this level are almost invariably due to failure of relaxation of the cricopharyngeus muscle and are much more rounded than that seen in this patient in whom the association of iron deficient anaemia and dysphagia conforms to the Paterson-Kelly syndrome. Waldenstrom and Kjellberg (1939) suggested that dysphagia might be related to iron deficiency even in the absence of anaemia but the results of a controlled epidemiological survey led Elwood *et al.* (1964) to doubt the validity of the relationship. Chisholm *et al.* (1971), however, found that in patients with post-cricoid web or stricture there is usually an association with iron deficiency and that recurrent anaemia is common, although other factors may be involved. The response to iron therapy is unpredictable, however, and when the dysphagia improves the radiological appearances are unaltered.

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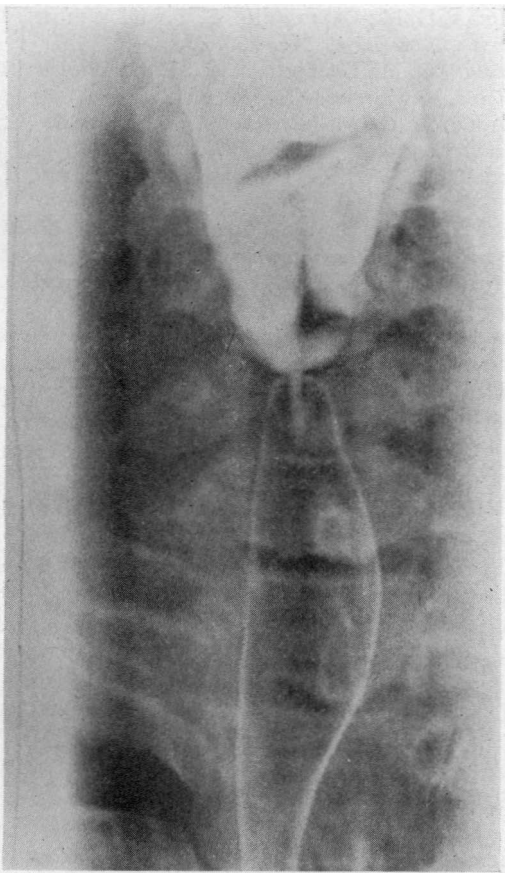


FIG. 2.

It is of interest that if the present patient had been included in the epidemiological survey of Elwood *et al.* (1964), her haemoglobin and serum iron levels estimated at the time of the barium swallow would have been normal. Since anaemia in the Paterson-Kelly syndrome is often intermittent (Chisholm *et al.*, 1971) an isolated haematological assessment may be misleading.

Patients with dysphagia due to post-cricoid webs commonly show anxiety and depression and Kelly (1919) recorded these in his original description. He noted that dysphagia developed after the depression in hysterical patients and was less likely to be continuous. Vinson (1922) nevertheless attributed the dysphagia to hysteria. The prolonged psychological symptoms in the present patient coupled with her surprising maintenance of an overweight state made an organic cause seem unlikely and delayed diagnosis.

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