



BELGIAN SOCIETY FOR SWALLOWING DISORDERS



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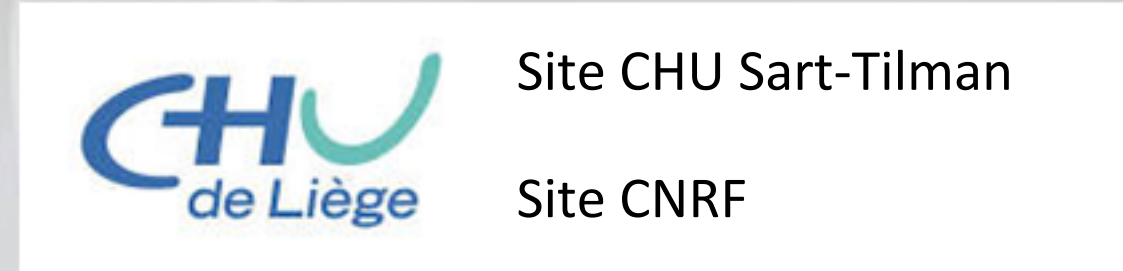
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Clinical case

Joint Meeting
20th April 2024

Prof. A. LAGIER
Dr A-F Zicot
ENT Department



Please, allow us to introduce Mrs F.



A very common Story !

- Geriatric (91 years old)
- Living at home with her disabled son
- Medical history:
 - Parkinson disease or related
 - Age-related macular degeneration
 - Sino-atrial disease
 - Hiatal hernia, Nissen surgery
- Hospitalised in surgery for broken hip and wrist
 - Because she felt down
 - 1h30 general anesthesia



Daily Treatment

- Calcium and D-Cure, Mg
- Dafalgan, Tradonal
- Perindopril 4, Tambocor 100
- Pantomed, Movicol
- Sedistress sleep
- Trazodone 100 (Serotonergic receptor antagonist)
- Prolopa 250, Prolopa HBS 125
- Clexane



Speech therapist bedside assessment

- **Cognitive impairment ?**
- **Dysarthria (hypotonic), dysphonia, xerostomia- dentures don't fit. No sensory loss.**
- **Voluntary cough is very weak.**
- **Testing IDDSI 0 : secondary false deglutitions (PAS 4 ? : Voice is changed but cough)**
- **Testing IDDSI 7 : very long oral phase, oral stasis, mult. swallowings, very noisy pharyngolaryngeal phase but no penetration or aspiration suspected.**
- **Drugs need to be coated to be swallow.**
- **Quickly tired.**

What do you propose then?



Fiber-Endoscopic Evaluation of Swallowing

FEES

- **Technical assessment of swallowing disorders :**
 - **(Oral) and pharyngolaryngeal phases**
 - **PAS Rosenbek scale/ vallecular and hypopharyngeal states evaluation with lateralization/ sensitive evaluation**
 - **With real liquids and meals**
 - **« Easy » to realize in a large majority of patients**
 - **No irradiation**

BUT no access to the oesophageal phase, silent aspirations could be under estimated

Videofluoroscopy !!!!

Rehabilitation Clinic (Day 12-Day32)

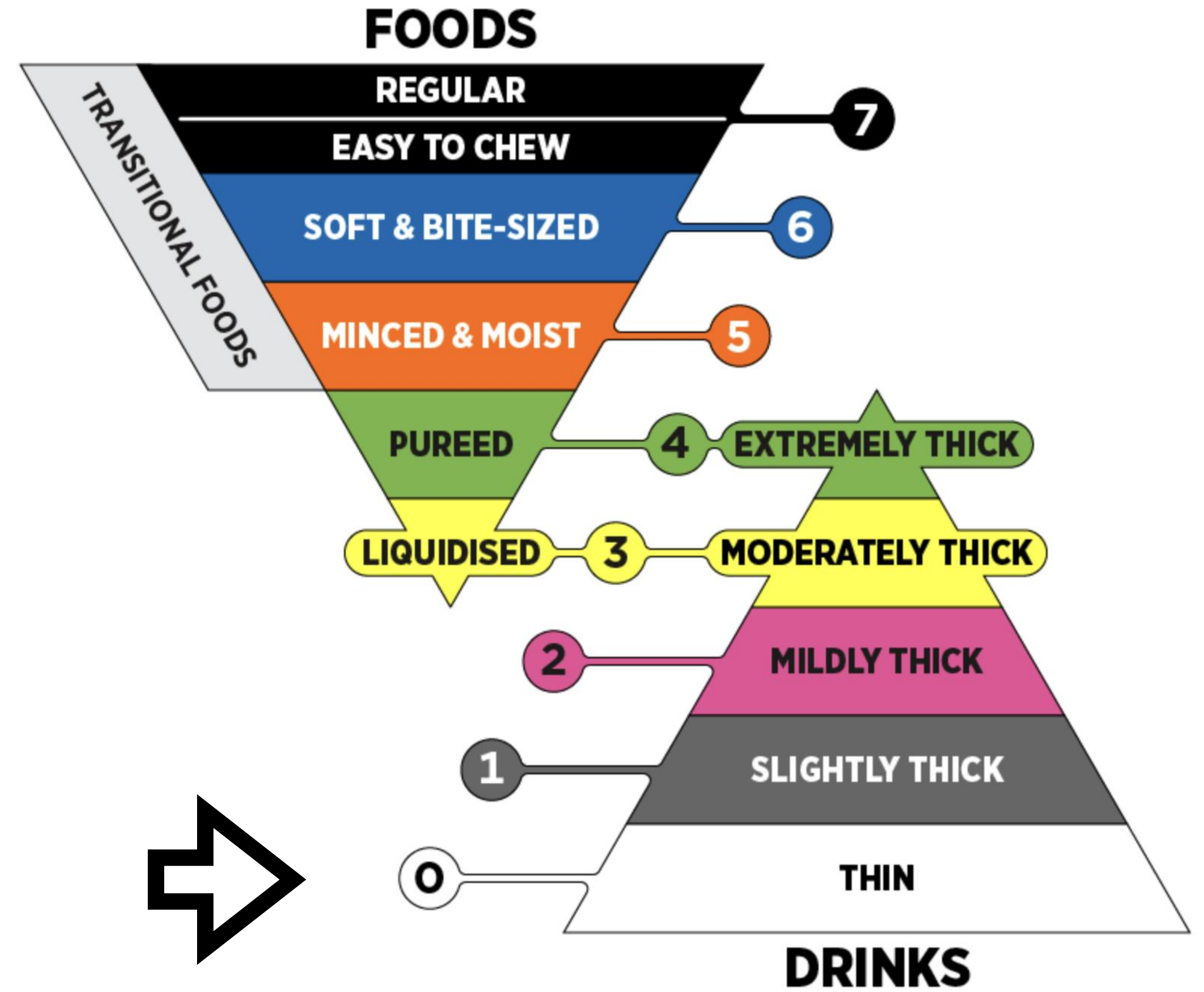
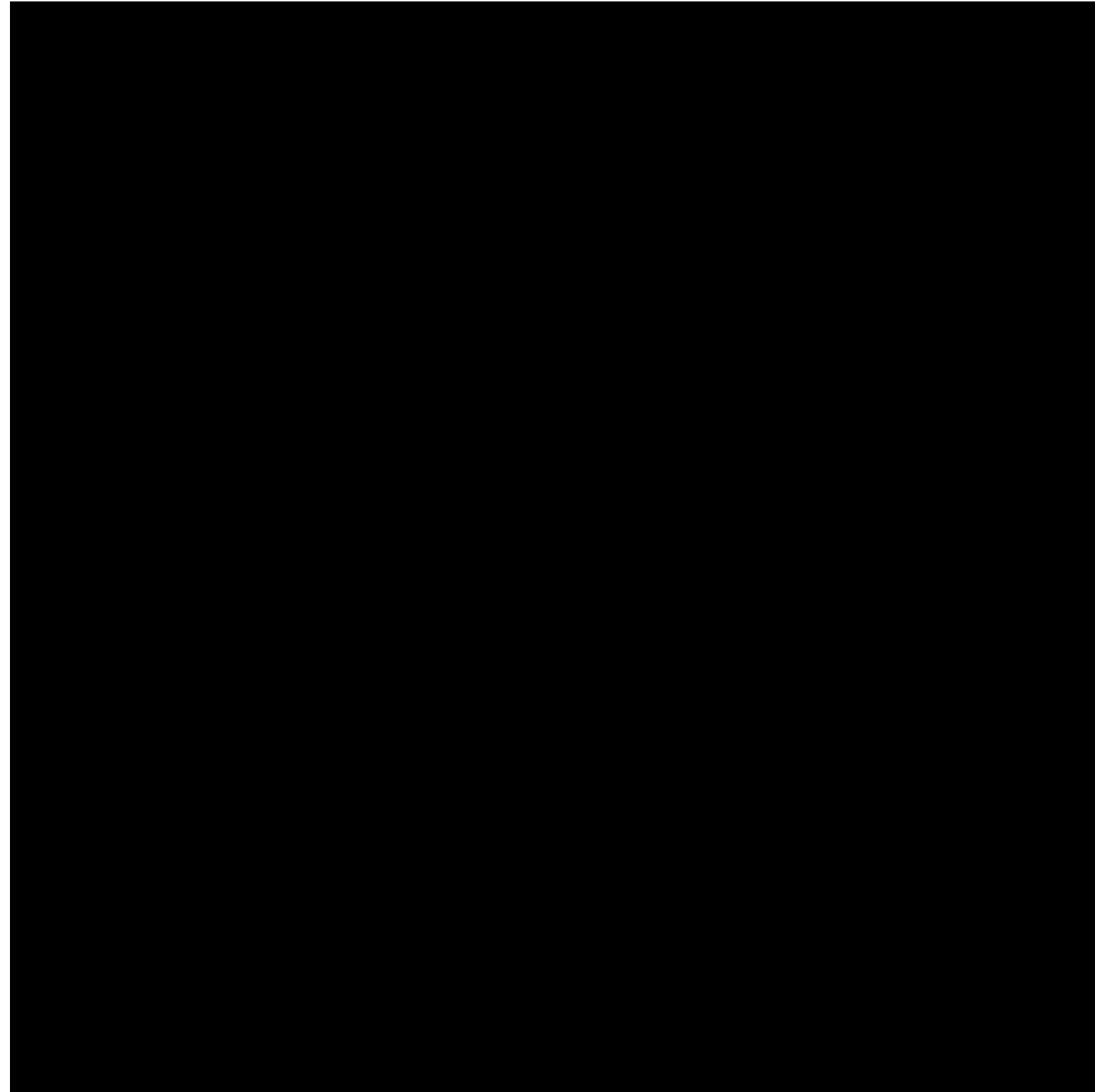


Assessment before any intake:

- Anatomy**
- Saliva?**
- Residues of food?**

- Voice**
- Cough**
- Swallow following order**

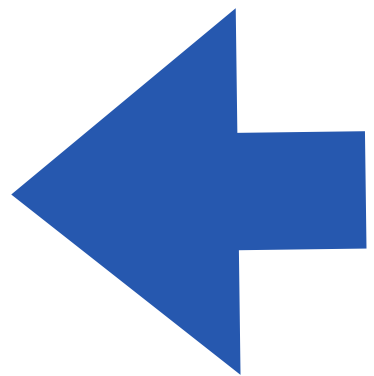
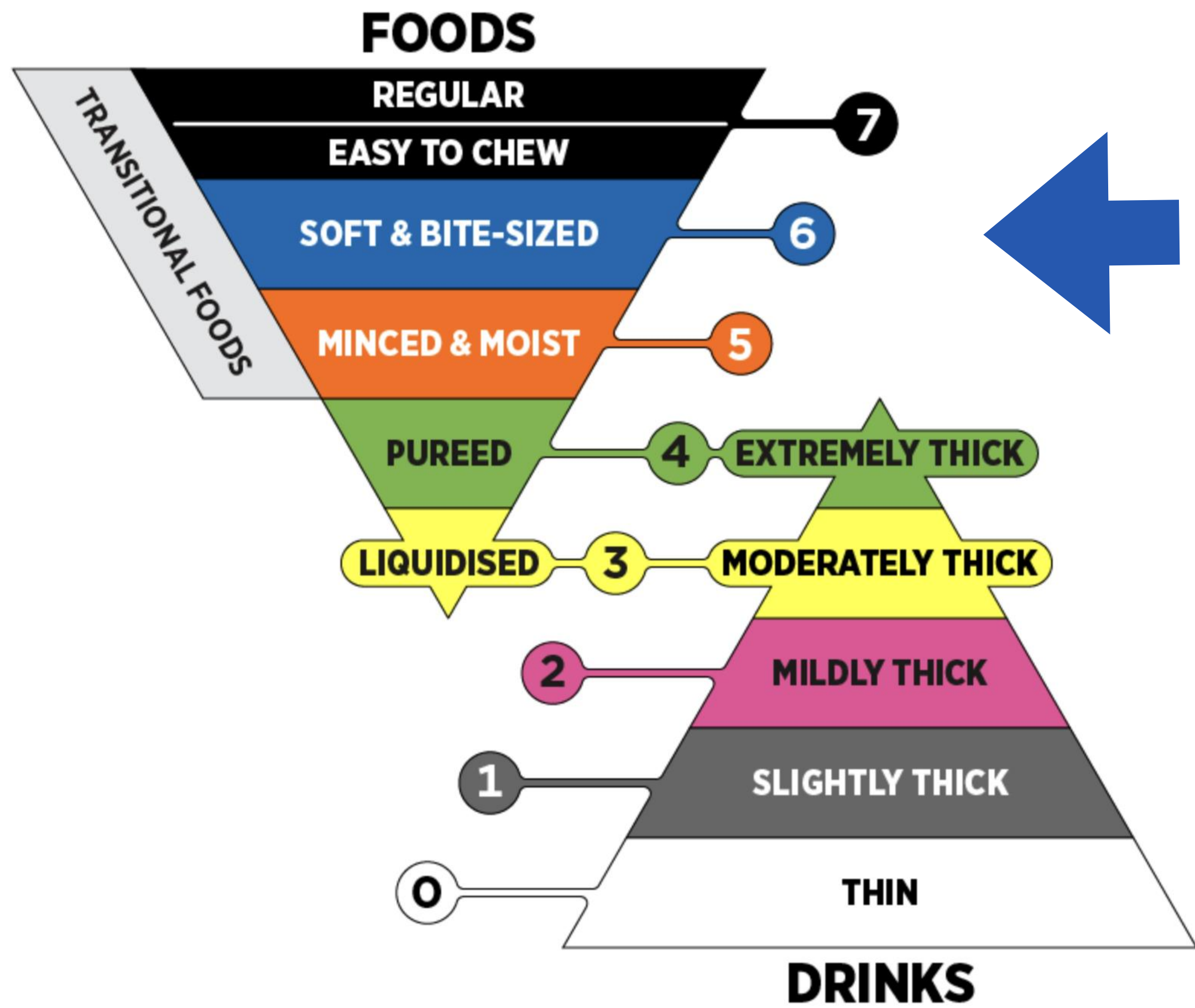
Coloured water



Swallowing impairments-Liquids

- Oral phase :
 - normal
- Pharyngeal phase :
 - Delay for pharyngolaryngeal reflex
 - Penetration/aspiration:
 - Rosenbek scale : PAS 3-4

PAS Score Description:		Safety Status:
1	Material does not enter the airway	Safe
2	Material enters the airway, remains above the vocal folds, is ejected from airway	
3	Material enters the airway, remains above vocal folds, is not ejected from airway	Unsafe
4	Material enters the airway, contacts the vocal folds, is ejected from airway	
5	Material enters the airway, contacts the vocal folds, is not ejected from airway	
6	Material enters the airway, passes below vocal folds, ejected from trachea	
7	Material enters the airway, passes below vocal folds, not ejected despite effort	
8	Material enters the airway, passes below the vocal folds, no effort made to eject	



Potatoes



Swallowing impairments-Solids

- **Oral phase :**
 - **Long chewing even for small bolus (Extrapyramidal syndrom)**
- **Pharyngeal phase :**
 - **Propulsion (tongue) is weak (vallecular stasis) (sarcopenia, intubation)**
 - **PAS: 1 (normal)**

Evolution

The patient staid 2 weeks in our clinic (IDDSI 5/1 + coated drugs).
she came back home with her son.

Walking with help but quickly tired.

Hemoglobin : 11,3 g/L

No weight improvement.

Caregivers at home : nurses and physiotherapists but no ST (she didn't want to).

Dietetician advice : 1700 Kcal, 74 gr proteins, Oral Complements....

????Modified textures ???? Her son will be the cookmaker at home...



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HELP US TO CHANGE
THE WORLD,
ONE **SWALLOW** AT A TIME!

Thank you for your attention!

