

# Clinical & Medical Case Reports

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## An uncommon cause of dysphagia in Geriatric Medicine

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Dysphagia in older people is commonly due to decompensation of neurogenic causes such as dementia, vascular or parkinson's disease. Dysphagia caused by skull based osteomyelitis (SBO) secondary to a necrotising otitis externa (NOE) is rarely seen in geriatric medicine. NOE itself as a disease is a rare complication of otitis externa, primarily occurring in immunocompromised patients, especially in elderly diabetic patients. Severe, unrelenting otalgia and persistent otorrhea are the symptomatic hallmarks of NOE. We report here a case of an older person, who initially presented with delirium and was successfully treated for persistent otorrhea of his right ear and a lower respiratory tract infection. However, despite this the otorrhea persisted and further course developed hoarseness and oropharyngeal dysphagia. Following a cranial nerve exam, lower cranial nerve (X,XII) palsies secondary to an unknown cause was established as the working diagnosis. After a series of investigations, a MRI brain finally confirmed this was due to SBO secondary to a right sided NOE, with an additional complication of a venous sinus thrombus. Arriving at the diagnosis in this particular case was challenging due to the very atypical presentation; almost normal looking external auditory canal, no background of diabetes/immunosuppression, no otalgia and absence of early radiological signs. Thus, a link between the otorrhea and cranial nerve palsies was not made until the MRI was performed. Consequently, the patient deteriorated and died despite intravenous antibiotics. We need a high index of suspicion for NOE and its complications, in patients presenting with otolaryngeal symptoms.

### Biography

Dr Melroy Rasquinha completed his undergraduate medical education in 2019 and is currently working as a junior doctor in Nottingham, UK. He is passionate about medicine and is currently trying to pursue a career in medical oriented specialty.

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