Cancer Association of South Africa (CANSA)



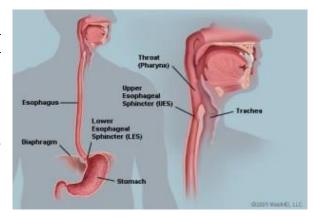
Fact Sheet on Sideropenic Dysphagia

Research • Educate • Support

Introduction

Sideropenic Dysphagia, also called Plummer–Vinson Syndrome (PVS) or Paterson–Brown–Kelly Syndrome, is a rare disease characterised by dysphagia (difficulty in swallowing), iron deficiency anaemia, and oesophageal webs. Treatment with iron supplementation and mechanical widening of the oesophagus generally provides an excellent outcome.

[Picture Credit: Oesophagus]



It generally occurs in postmenopausal women. Its identification and follow-up is considered relevant due to increased risk of post-cricoid carcinoma and squamous cell carcinomas of the oesophagus and pharynx.

Incidence of Sideropenic Dysphagia in South Africa

Because Sideropenic Dysphagia is not a cancerous condition in itself, the National Cancer Registry (2014) does not provide any information regarding the incidence of this condition.

Signs and Symptoms of Sideropenic Dysphagia

The list of signs and symptoms mentioned in various sources for Sideropenic Dysphagia include the following:

- Throat pain during swallowing
- Burning sensation during swallowing
- Sensation of food stuck in larynx
- Fatigue
- Pallor

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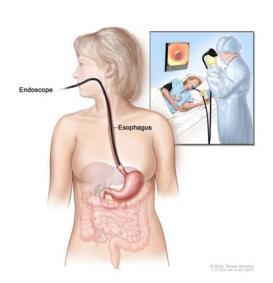
- Pale inside of mouth
- Sideropenic anaemia
- Hypochromic anaemia
- Swallowing difficulty
- Mucosal webs in oesophagus
- Spoon-shaped fingernails
- Smooth tongue
- Red tongue
- Painful tongue

Diagnosis of Sideropenic Dysphagia

[Picture Credit: Oesophagoscopy]

The diagnosis is clinical with progressive and longstanding dysphagia associated with iron deficiency anaemia.

Oesophagoscopy (looking down the oesophagus with a special instrument) shows the oesophageal web as a thin diaphragm with pale, fragile, or normal appearing mucosa that partially obstructs the lumen of the oesophagus. The prognosis is good, despite the fact that the syndrome is associated with increased risk for post-cricoid carcinoma, pharyngeal and oesophageal cancers.



Causes of Sideropenic Dysphagia

The cause of this condition has been attributed to numerous factors that include alterations in oesophageal innervation. There is agreement that prolonged iron deficiency is necessary for the development of the syndrome; however, only a minority of patients with iron deficiency manifests the syndrome.

It is a rare disorder that can be linked to cancers of the oesophagus and throat. It is more common in women.

Diagnosis of Sideropenic Dysphagia

The following tests may assist in making a diagnosis:

- Full Blood Count (FBC) will show a microcytic, hypochromic anaemia.
- Low Ferritin.
- Barium swallow may show the web. This may need to be enhanced with videofluoroscopy.
- A biopsy may be required if malignancy is suspected clinically.

Treatment of Sideropenic Dysphagia

Iron replacement can almost invariably be achieved by oral means. Adding vitamin C does not improve absorption significantly. There is rarely any need for parenteral iron. Supplements may be needed long-term because after correction it is important to maintain a normal iron status. Causes of blood loss like menorrhagia may require attention.

Endoscopic dilatation or argon plasma coagulation therapy of the oesophageal web may occasionally be required in cases of persistent dysphagia.

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