

## Dysphagia

Dysphagia is a term used to describe the awareness of swallowing difficulties or perception of blockage during swallowing. It is a swallowing disorder commonly caused by structural and functional abnormalities of the mouth, throat, esophagus, and other organs involved with swallowing.

For oropharyngeal dysphagia with known causes, fluoroscopy barium swallow modified (<https://www.radiologyinfo.org/en/info/modbariumswallow>) (x-rays are taken as an individual swallows barium liquid) is usually appropriate. Fluoroscopy pharynx dynamic and static imaging, fluoroscopy biphasic esophagram, or fluoroscopy single contrast esophagram may also be appropriate.

For oropharyngeal dysphagia with unknown causes, fluoroscopy biphasic esophagram is usually appropriate. Fluoroscopy barium swallow modified, fluoroscopy single contrast esophagram, or esophageal transit nuclear medicine scan (imaging after drinking radioactive water) may also be appropriate.

For retrosternal dysphagia (blockage or discomfort behind the sternum while swallowing) in persons with functioning immune systems, fluoroscopy biphasic esophagram is usually appropriate. Fluoroscopy single contrast esophagram, esophageal transit nuclear medicine scan, or fluoroscopy barium swallow modified may also be appropriate.

For retrosternal dysphagia in persons with compromised immune systems, fluoroscopy biphasic esophagram is usually appropriate. Fluoroscopy single contrast esophagram or barium swallow modified may also be appropriate.

For oropharyngeal and retrosternal dysphagia after surgery, fluoroscopy single contrast esophagram or CT neck and chest (<https://www.radiologyinfo.org/en/info/chestct>) with contrast is usually appropriate. CT neck and chest without contrast may also be appropriate.

For oropharyngeal and retrosternal dysphagia more than 1 month after surgery, CT neck and chest with contrast or fluoroscopy single contrast esophagram is usually appropriate. Fluoroscopy barium swallow modified, fluoroscopy biphasic esophagram, or esophageal transit nuclear medicine scan may also be appropriate.

— By Jason Kowek and Sherry S. Wang, MBBS. This information originally appeared in the *Journal of the American College of Radiology*.

### Disclaimer

This information is copied from the RadiologyInfo Web site (<http://www.radiologyinfo.org>) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at <http://www.radiologyinfo.org> to view or download the latest information.

**Note:** Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

## Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2025 Radiological Society of North America, Inc.