Experience of Barium Swallow in the ENT Outpatient Department

Baren JP, Dawson R, O’Donnell S, Nix P
Department of Ear, Nose and Throat Surgery, Leeds General Infirmary, Leeds, UK

BACKGROUND

Barium swallows are commonly requested in the ENT outpatient department in patients presenting with dysphagia. The investigation is effective for diagnosing mechanical obstruction, dysmotility and reflux, however it has a low sensitivity for diagnosing cancers.

AIMS AND HYPOTHESIS

We aim to identify the impact that barium swallows have on the ENT patient pathway and their suitability as a test for ruling out malignancy.

METHODS

Radiology requests for barium swallow were retrospectively collated over a 3-month period (June - Sept 2014). Data pertaining to these requests were collected retrospectively from computerized hospital records, including patient age, urgency of request, grade of requesting doctor, indication for and radiological report of the investigation. The results of any further investigations were recorded, as was the outcome subsequent investigations.

RESULTS

Clinical information

- Odynophagia
- Dysphagia
- Deglutition / Choking
- Globus / FOSIT
- Noisy breathing
- Change in voice

Figure 1: Patient’s symptoms detailed on the request card. 76% cases were performed either for dysphagia or globus.

Figure 2: Request details for Barium swallows. The majority of investigations were requested by consult and middle grades, and to be performed semi urgently.

Findings

Figure 3: Findings on barium swallow. The study was normal in 31% cases. Dysmotility and reflux together accounted for 47%. A suspicious lesion was identified in 2 patients (4%).

Further investigations

Figure 4: Percentage of normal studies by grade of surgeon. The rate of normal examinations was greatest for more junior surgeons (50%), although they requested far fewer Barium swallow examinations.

Outcome

Figure 5: Further investigations performed following initial Barium swallow. In total 6 patients (12%) went on to have further investigations following their primary Barium swallow. A malignancy was demonstrated in only one patient.

Figure 6: Patient outcomes following Barium swallow. 78% patients were discharged from ENT clinic. 6% patients had surgical procedures (stapling and dilatation) and one patient referred to the head and neck cancer MDT service for discussion and further management.

CONCLUSION

Barium swallow is an effective investigation for the diagnosis of benign pathology of the oesophagus and pharynx, enabling the majority of patients to be safely reassured and discharged from ENT outpatient clinic. Suspected malignancy is not an indication for barium swallow, and we should be cautious about reassuring patients with suspected cancer without direct examination via endoscopy.