Esophageal Cancer and Palliation of Dysphagia

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Progressive dysphagia is the most common presenting symptom of esophageal cancer but also may occur as a side effect of treatment. Evaluation of patients’ dysphagia includes determining its cause and assessing the severity. Several palliative options are available for dysphagia; the clinical situation, local expertise, and cost effectiveness help determine the appropriate treatment modality.

Pathology

Dysphagia, or difficulty swallowing, has several possible causes in esophageal cancer. Progressive dysphagia is the most common presenting symptom of esophageal cancer (Javle et al., 2006). The esophagus lacks a serosal lining, allowing for unimpeded radial distention and swallowing despite progressive tumor growth. This delays dysphagia from occurring until the tumor occupies 80%–90% of esophageal circumference (Javle et al., 2006). Dysphagia also occurs as a result of treatment for esophageal cancer. Treatment modalities such as external beam radiation, ablation therapy, photodynamic therapy, and brachytherapy can cause esophagitis, fibrosis, and strictures resulting in dysphagia (Javle et al., 2006). Esophagectomy for tumor resection also can cause postoperative anastomotic strictures, creating dysphagia (Javle et al., 2006).

Evaluation

Evaluating dysphagia in patients with esophageal cancer includes determining the cause and assessing the severity, which can be done by grading the dysphagia (see Table 1). The grades range from 1 (normal...