

# Patient Encounters

## Beyond the surface: A medical student's perspective on esophageal dysphagia

Kevin Kecskemeti, BMSc., MSc.<sup>1</sup>

1. Faculty of Medicine, Memorial University, St. John's, Canada

---

Silence filled the medicine floors of St. Clare's Mercy Hospital one night during my core-clerkship rotation, only to be broken by the buzz of my pager at 4 am. I jolted awake from my sleep to find a request from my senior resident asking me to see a consult in the emergency room. Eager to be helpful, I threw on my scrubs, now wrinkled from being tossed in the corner of my call room a few hours earlier and headed downstairs.

In the emergency room, I grabbed the patient's chart and began rapidly shuffling through the pages assessing her vitals, lab work and medications. I read the consult note which read "DYSPHAGIA". At this point in my training, I had very limited exposure to the work-up of dysphagia, so I scoured my brain to remember a lecture from the previous year. I thought to myself "Remember Kevin, bird-beak sign for achalasia..." and I started creating a mental checklist for a rudimentary differential diagnosis.

I walked over to the observation area of the emergency room, where I met an older woman in her eighties who was sitting in a dimly lit patient room. Her daughter was at the bedside, and they were visibly exhausted yet relieved to see a member of the healthcare team after a long night in the emergency room. Mrs. W recounted her struggle with progressive dysphagia over the past few months and how it was negatively impacting her life. She tearfully shared that "food was getting stuck, and she was now having difficulties swallowing liquids". Mrs. W became very tearful as she shared that she lost 15 pounds during this period as she has been afraid to eat and didn't want another choking episode. I was stuck by this story, as I reflected on how a simple task like swallowing food could have such a profound impact on a person's quality of life.

After completing a history and physical, I informed the patient and her family that we will speak with gastroenterology in the morning and that she would likely complete an upper endoscopy to investigate the cause of her dysphagia. The family was optimistic as they had previously presented to care but were never formally investigated for this problem. Later that morning, the gastroenterology department confirmed she will be on the list for an upper endoscopy that day.

I was determined to get answers for Mrs. W and to work diligently to improve her quality of life. To our worst fears, the endoscopy revealed a large esophageal adenocarcinoma that was responsible for her symptoms. Given her age, the extent of disease, and other factors this was a terminal diagnosis. I was shocked to hear the news, and along with the rest of the medicine team, went out to the waiting room to provide consolation to the patient and her family.

We worked relentlessly in collaboration with other departments including thoracic surgery, gastroenterology, medical oncology, and radiation oncology to devise a comprehensive care plan and outline her options. I visited Mrs. W. every morning to provide her with the most recent updates, and she confided that even in her late eighties, she was "not ready to go" and requested aggressive management to prolong her life.

Her resilience and determination in the face of a terminal diagnosis had a meaningful impact on me. Despite facing a grim outlook, she wanted to keep fighting. I couldn't help but to reflect on how I would respond if I was in a similar situation – would I have the same courage to fight as she had? Once all the tests and investigations were complete, Mrs. W. was set to receive radiation therapy, followed by an esophageal stent and daily PPI to improve her symptoms. All of her follow-up appointments were scheduled, and Mrs. W. was hopeful that she could live out her days in dignity.

This experience underscored the transformative impact that internal medicine physicians can have on their patient's lives through a collaborative approach to care. Taking the time to have in-depth discussions with Mrs. W set the foundation of her care plan including end of life goals. It reminded me of the privilege and responsibility we hold as doctors – to treat, to comfort, and to inspire hope. As I continue my training in internal medicine, my interactions with Mrs. W. and her story of resilience will serve as a reminder of the preciousness of life and the profound impact we can have on the patients we serve.

**Note: Basic demographic information has been modified to respect for privacy and uphold patient confidentiality.**