

Dysphagia : 내가 몰랐던 진단 up-to-date

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Concepts related to dysphagia

Conditions prone to pneumonia

- Co-morbidities (especially pulmonary disease)
- Immunity
- Eating habits
- ...

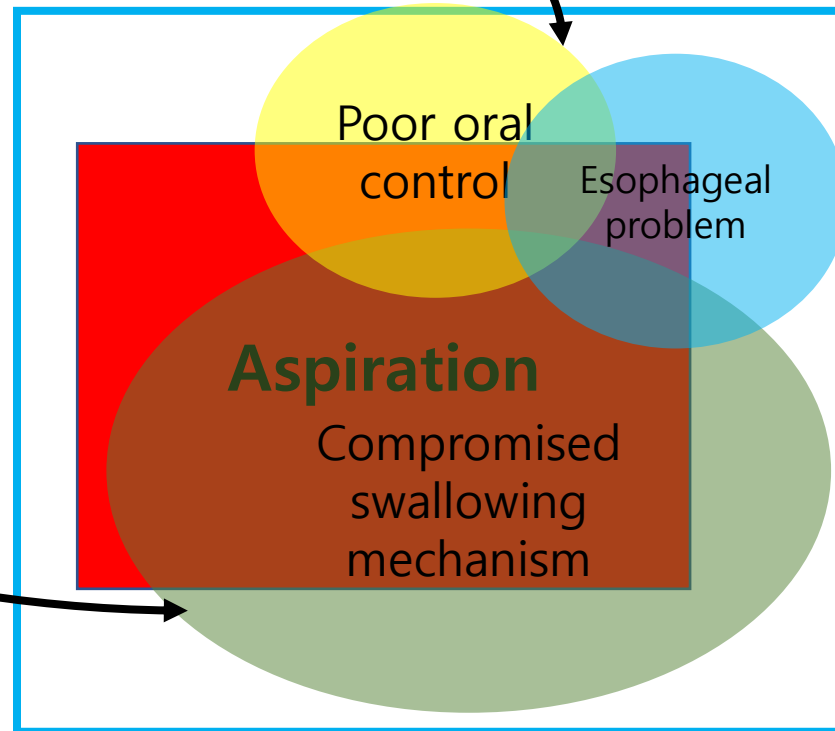


Consequences

- **Aspiration pneumonia**
- Dehydration
- Malnutrition
- Poor QOL
- ...



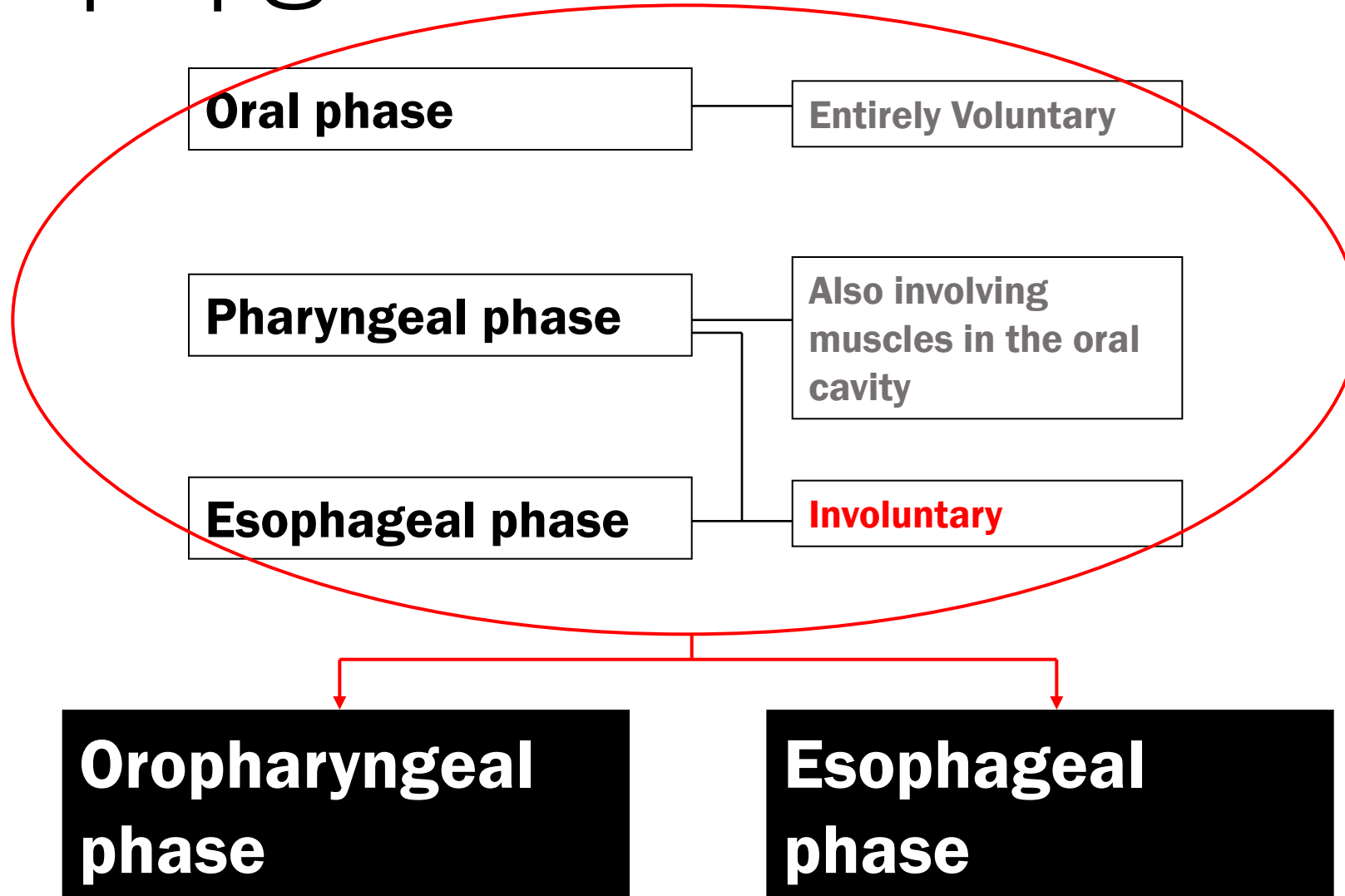
Dysphagia



Etiology

- Neurologic condition (stroke)
- Structural problem (H&N cancer)
- Deconditioning
- Aging
- miscellaneous
-

연하의 과정



Mechanism of swallowing, Chambers and valves

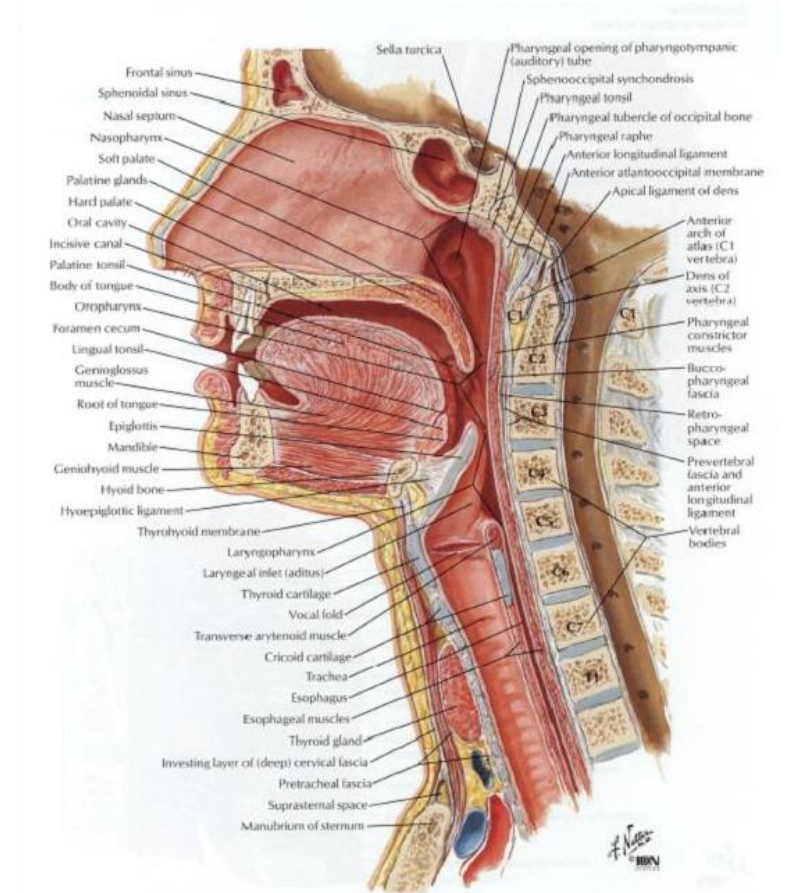
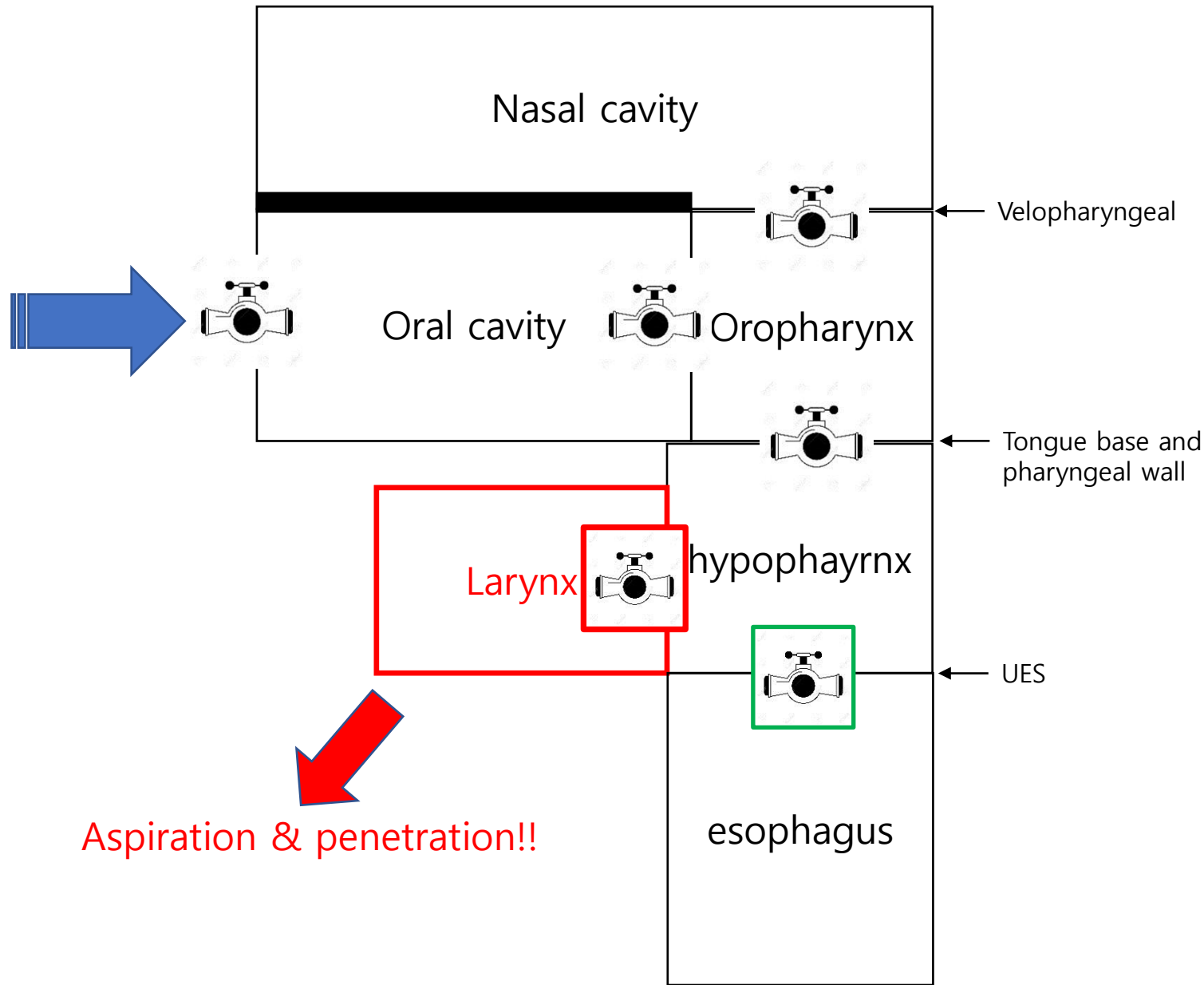
- **6 Chambers**

- Oral cavity
- Nasal cavity
- Oropharynx
- Hypopharynx
- Larynx
- Esophagus

- **6 valves**

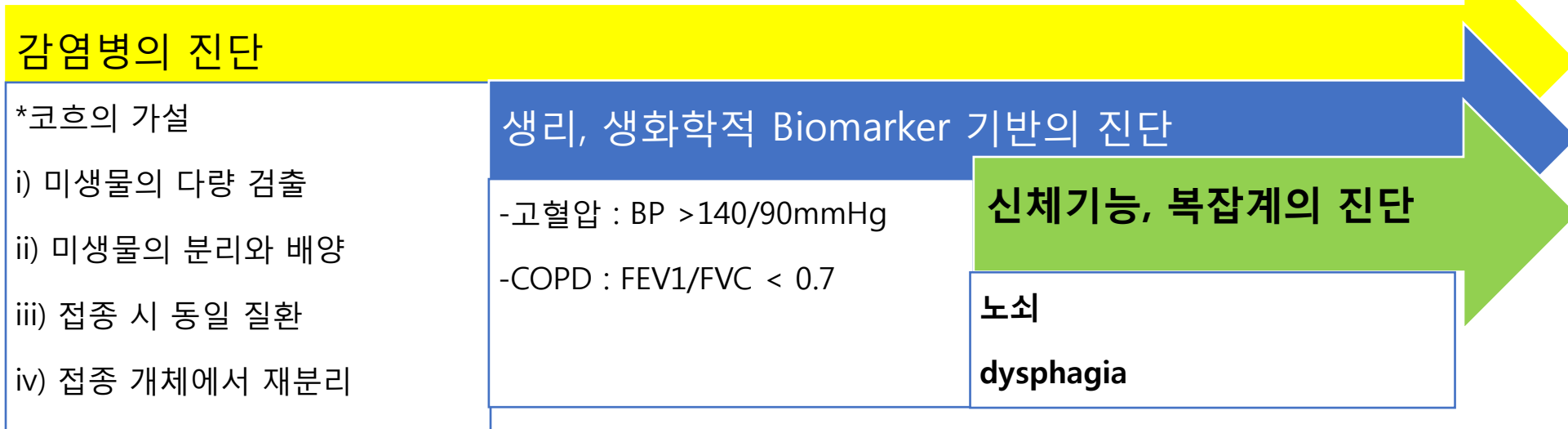
- Lips
- Oral tongue
- velopharyngeal
- Laryngeal
 - Epiglottis
 - VF adduction
- Tongue base and pharyngeal wall
- UES

Two key concepts : pressure & leak



연하장애 진단의 문제점

- 불명확한 정의, Biomarker의 부재
- Dysphagia = aspiration?
 - Aspiration & penetration의 정도 (PAS) 가 dysphagia의 조작적 정의가 될 수는 있음
 - 그러나 dysphagia의 의미를 PAS만으로 제한하는 것은 무리

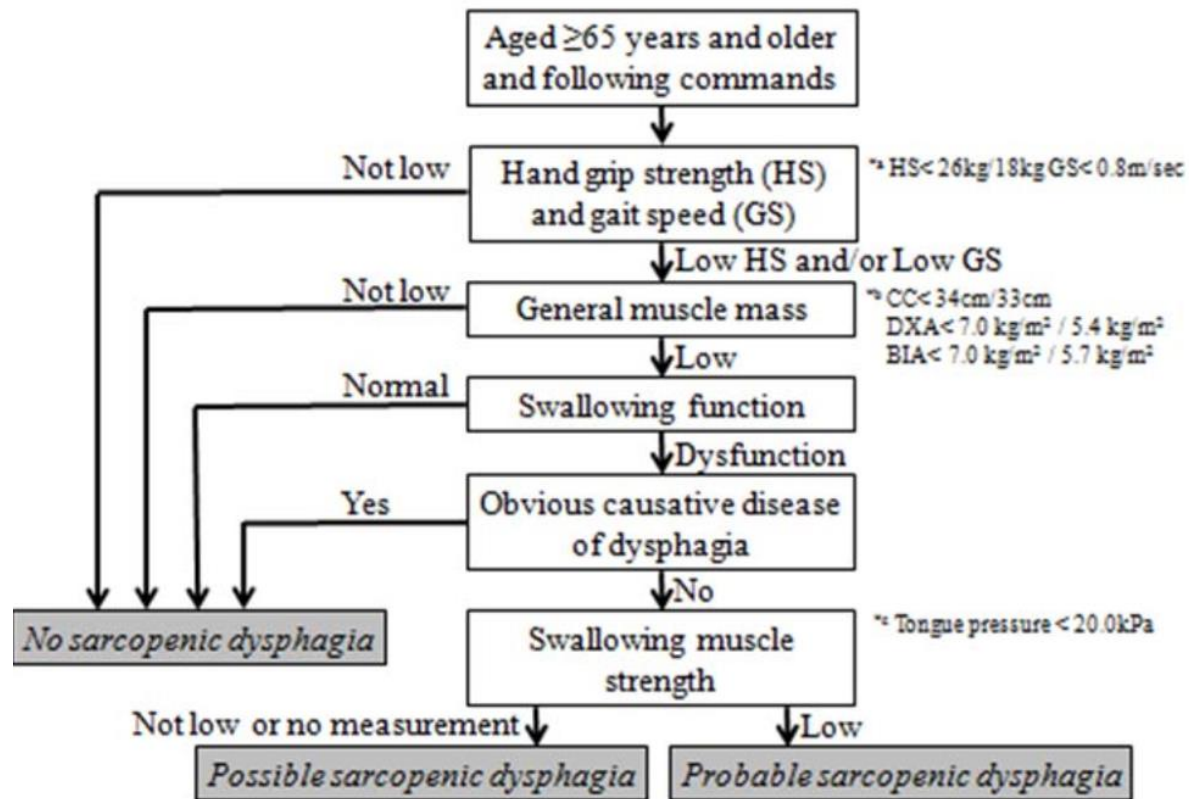


연하장애의 평가 틀

- 증상과 병력청취
- 임상척도, 설문
 - Clinical dysphagia scale (CDS)
 - Mann Assessment of swallowing ability (MASA)
 - EAT-10
 - MD Anderson dysphagia inventory (MDADI)
 - Dysphagia short questionnaire
- 침상선별검사 (Bedside Screening test)
 - Water swallow test
 - Gugging swallow screen (GUSS)
 - Modified Evans blue dye test
 - Bronchial auscultation
 - Burke dysphagia screening test (BDST)
 - Toronto bedside swallow screening test
- **Instrumental test**
 - **Videofluoroscopic Swallowing Study (VFSS) : Gold-standard**
 - Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
 - Swallow scintigraphy
 - High Resolution Manometry

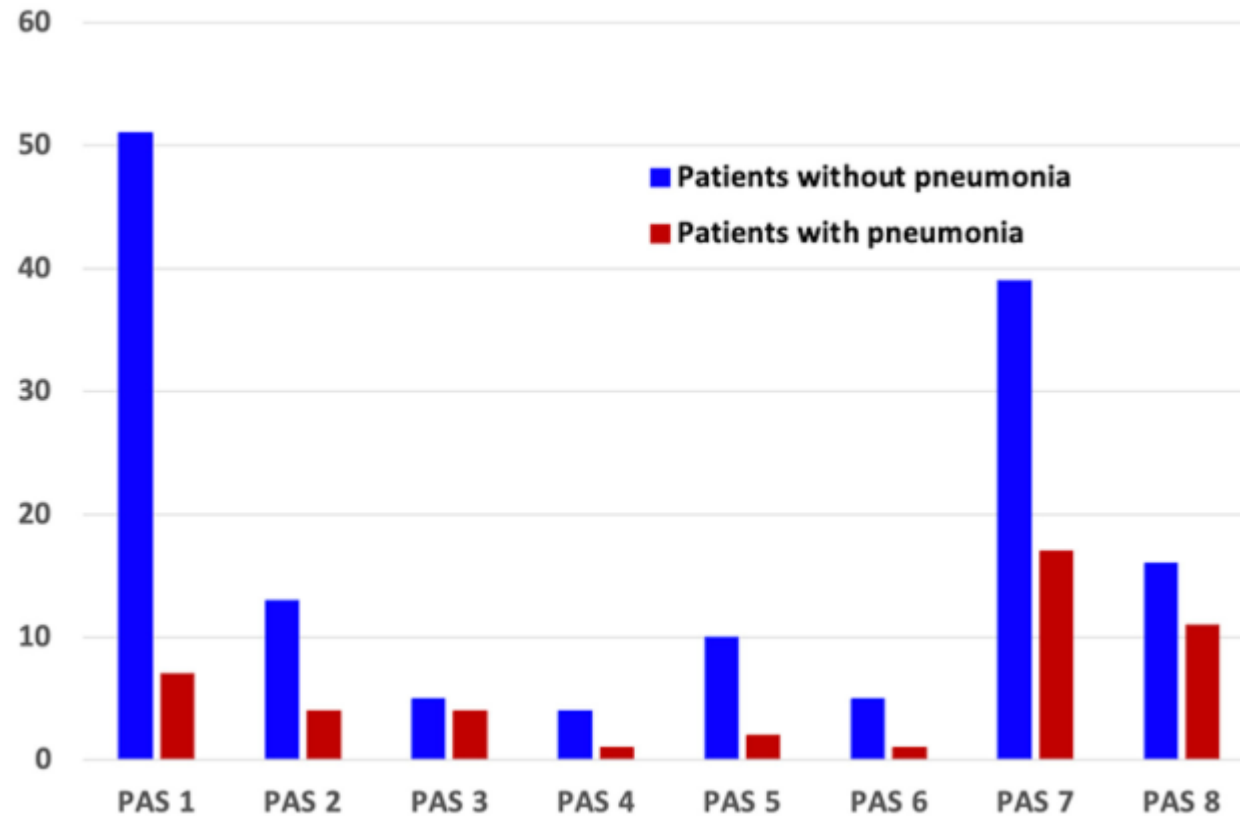
- Aspiration 여부의 확인에 대한 기구적 접근
- VFSS는 swallowing의 시간에 따른 동적 (motion) 정보를 제공한다는 점에서 특별한 이득을 제공
- Manometry는 pressure profile을 제공한다는 점에서 타 검사와 차별점

Sarcopenic dysphagia, presbyphagia



Tongue pressure measurement for evaluation of sarcopenic dysphagia. Maeda, Keisuke, and Junji Akagi. *Dysphagia* 30.1 (2015): 80-87

Axis 1 : diagnostic range



PAS score	OR	95% Confidence interval		<i>p</i> -value†
		Lower bound	Upper bound	
1	1.0			
2	2.242	0.569	8.832	0.249
3	5.829	1.257-	27.022	0.024
4	1.821	0.177	18.709	0.614
5	1.457	0.263	8.068	0.666
6	1.457	0.148	14.357	0.747
7	3.176	1.199	8.411	0.020
8	5.009	1.665	15.071	0.004

Distribution of PAS scores from VFSS in patients with dysphagia due to frailty. Chang, Min Cheol, and Soyoung Kwak. *Frontiers in medicine* 8 (2021): 1049.

Pediatric population

- 성인과 다른 anatomy, physiology
- 발달의 issue
- Radiation hazard
 - pediatric VFSS performed with **15 frames per second (fps)** vs standard 30 fps -> **no difference**
Layly, Julie, et al. Dysphagia 35.2 (2020): 296-300.
- Standardized assessment tool
 - BaByVFSS Impairment Profile, (BaByVFSSImP©)
 - quantification of swallowing observations made from VFSS in bottle-fed babies

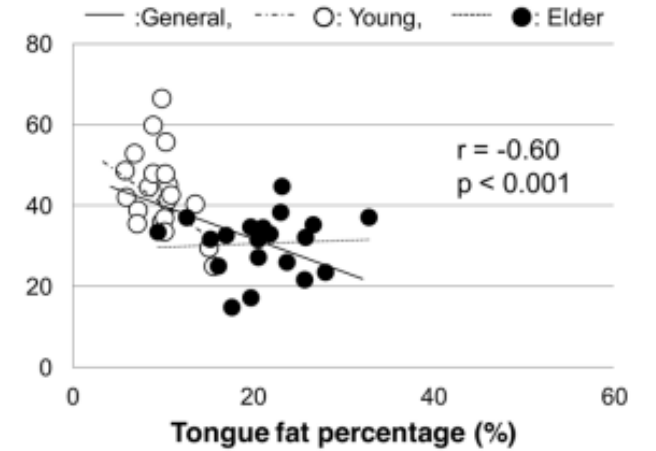
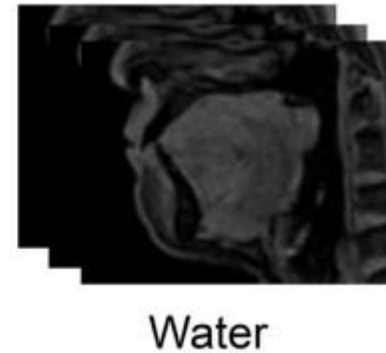
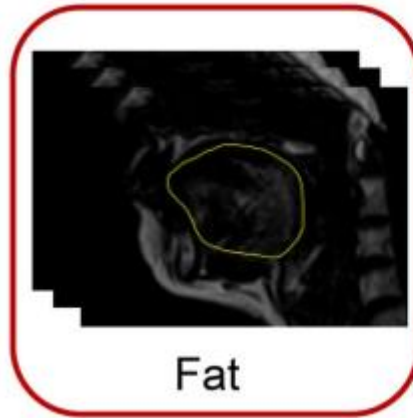
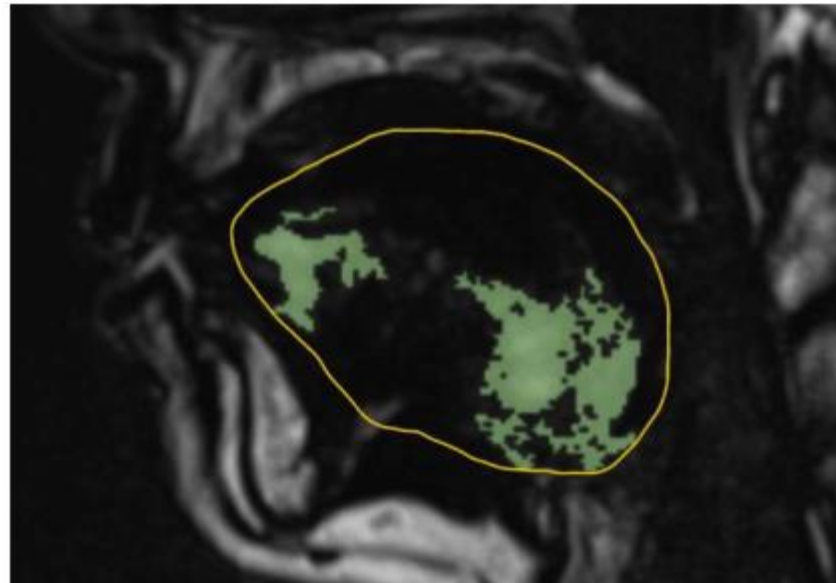
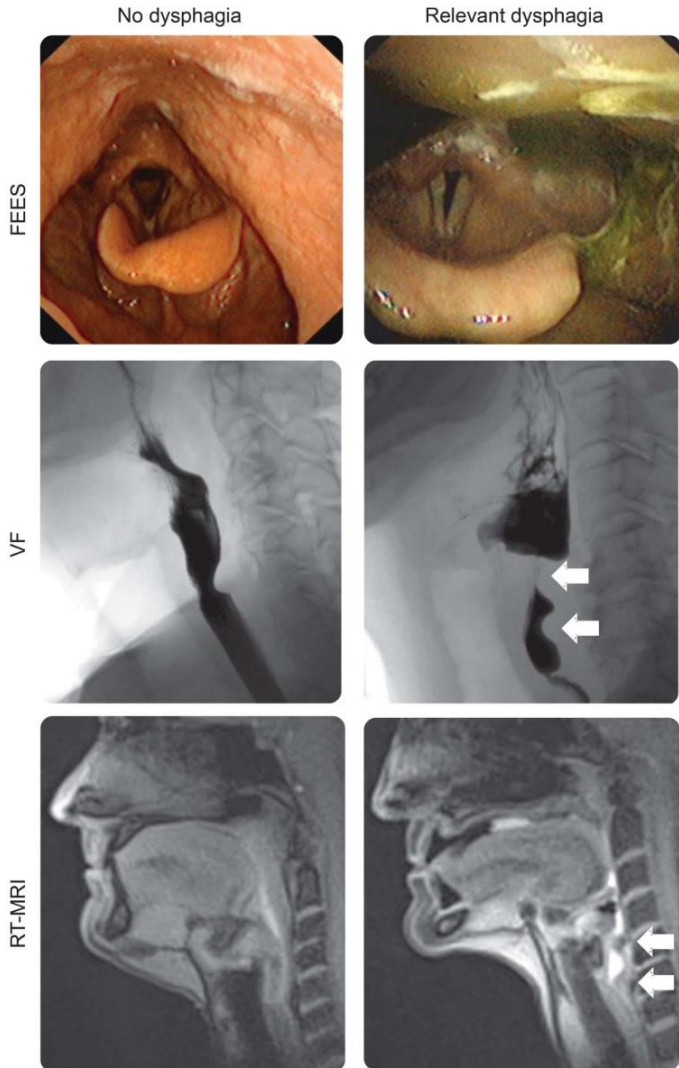
Martin-Harris, Bonnie, et al. Dysphagia 35.1 (2020): 90-98.

Table 1 Domains with components and score variants

Domain	Component	Range of possible scores
Lingual motion/pharyngeal swallow initiation	Initiation of nutritive sucks	0-2
	Number of sucks to form bolus	1-7
	Nutritive suck rhythmicity/organization	0-2
	Suck/swallow bolus control	0-2
	Bolus location at initiation of pharyngeal swallow	0-3
	Timing of initiation of pharyngeal swallow	0-2
Palatal-pharyngeal approximation	Palatal-pharyngeal approximation/palatal integrity	0-3
	Location of bolus at time of palatal-pharyngeal approximation	0-2
Airway invasion/laryngeal closure	Early laryngeal vestibular closure	0-3
	Late laryngeal vestibular closure	0-3
	Timing of airway entry	0-4
	Amount of penetration	0-2
	Frequency of penetration	0-3
Aspiration	Amount of aspiration	0-2
	Frequency of aspiration	0-3
Pharyngeal transport and clearance	Epiglottic movement	0-2
	Tongue base retraction	0-4
	Pharyngeal stripping wave	0-2
	Valleculae residue	0-4
	Pyramidal residue	0-4
	Pharyngoesophageal segment (Upper esophageal sphincter)	0-3

Axis 2 : new methodology

MRI

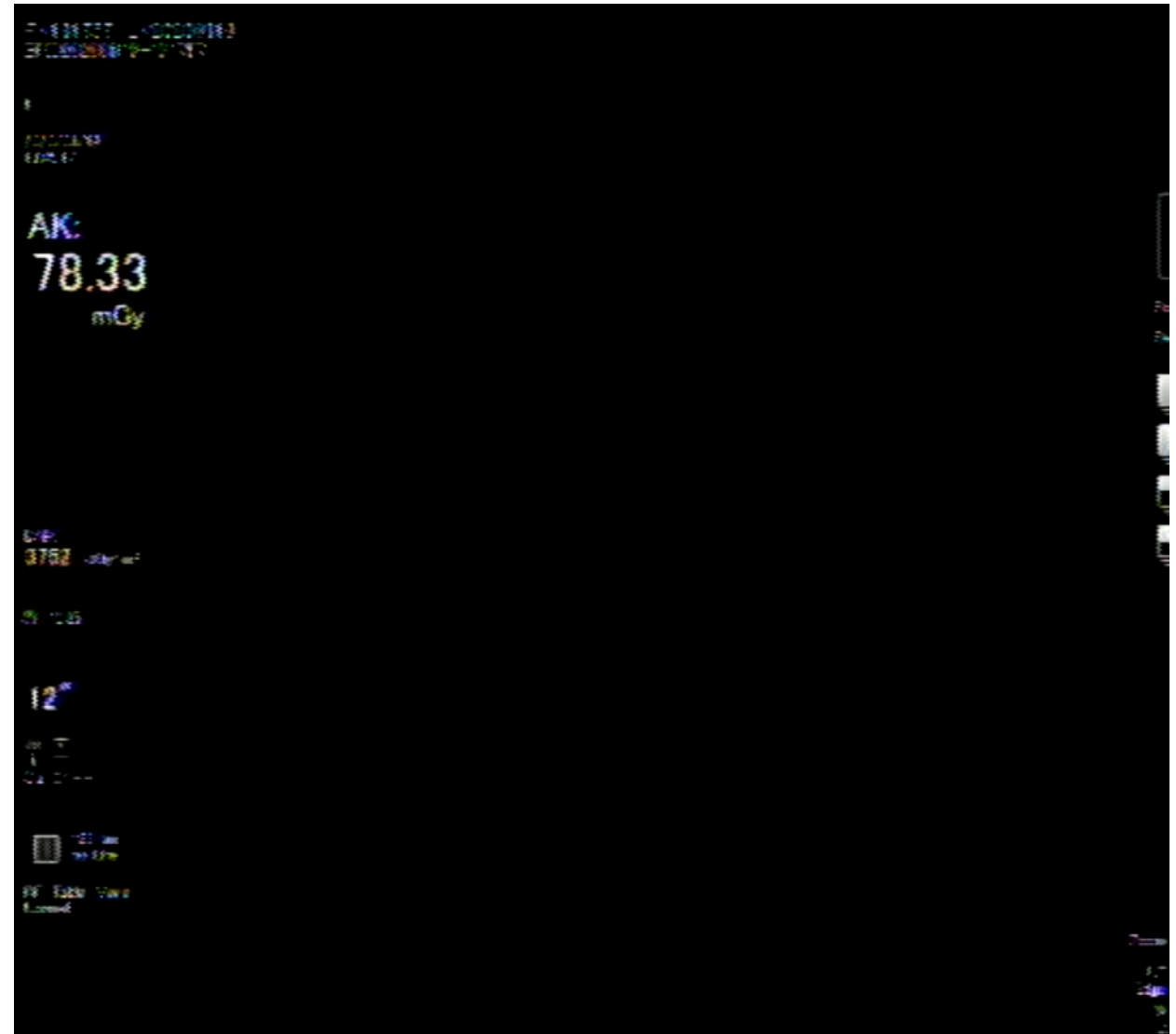
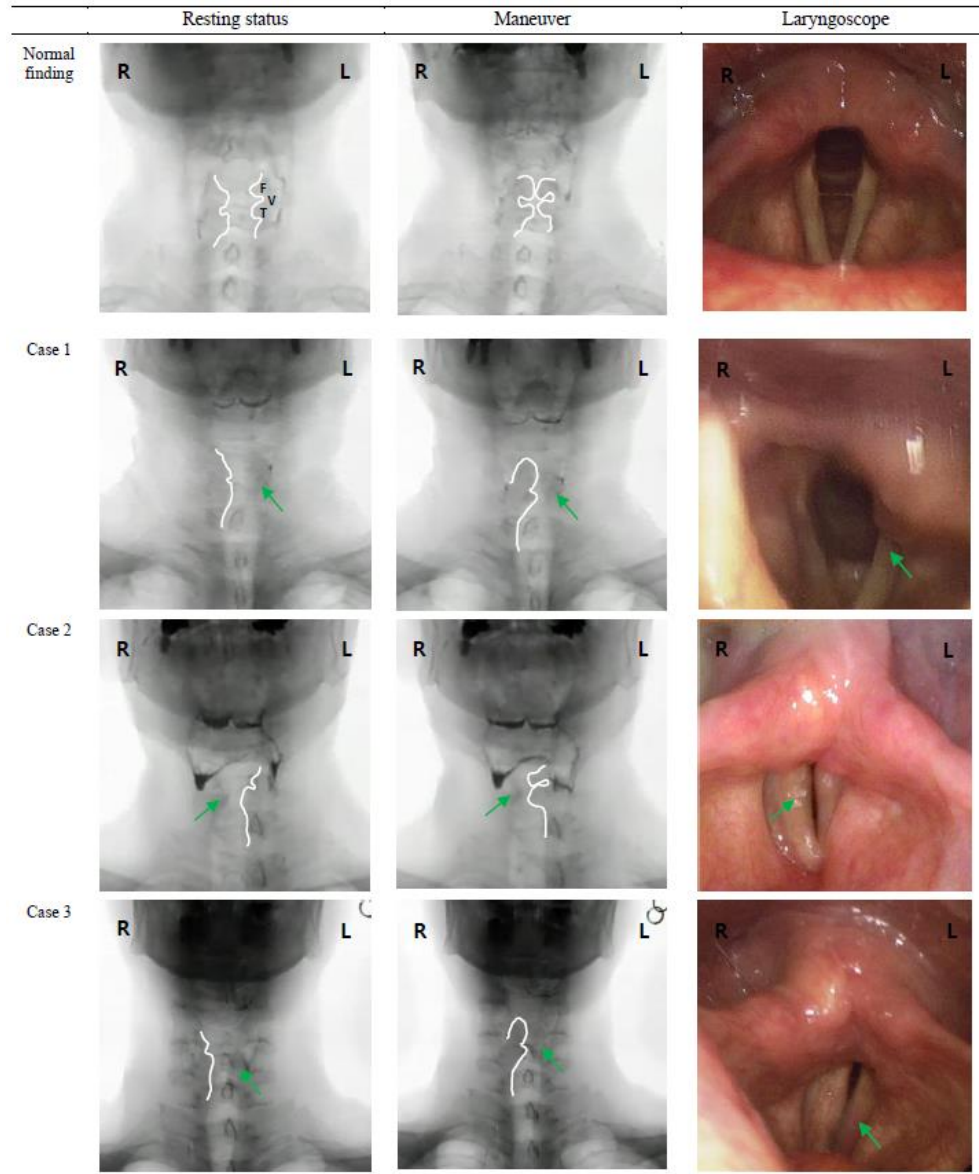


Real-time MR in patient with inclusion body myositis. Olthoff, Arno, et al. Neurology 87.20 (2016): 2132-2138..

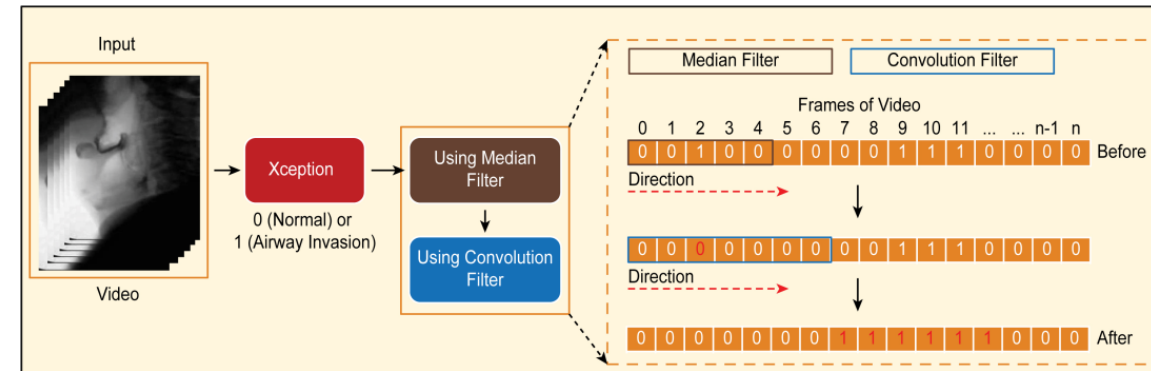
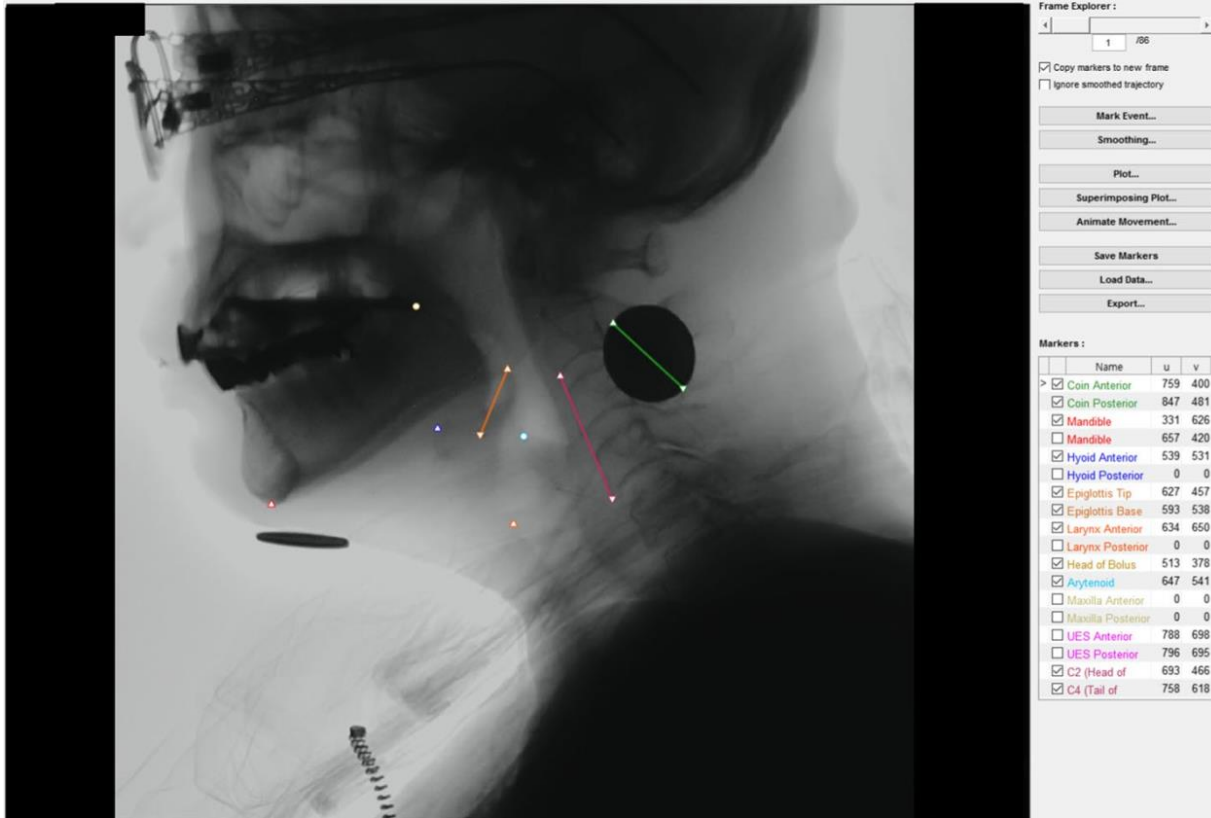
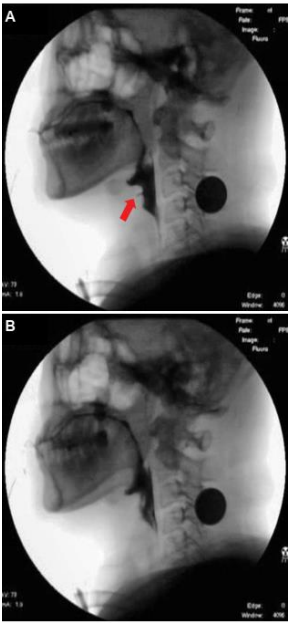
Tongue muscle abnormality from MRI in presbyphagia. Nakao, Yuta, et al. Dysphagia 36.3 (2021): 483-491.

Axis 2 : new methodology

VFSS refinement : VF adduction maneuver in AP viewer



VFSS Kinematic analysis -> machine learning



spatio-temporal analyzer for motion and physiologic study (STAMPS). Lee, Woo Hyung, et al. Biomedical engineering online 16.1 (2017): 1-12.

Automatic Detection of Airway Invasion from Videofluoroscopy via Deep Learning Technology. Lee, Seong Jae, et al. Applied Sciences 10.18 (2020): 6179.

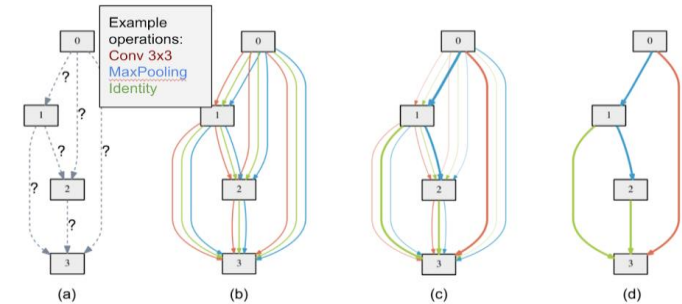
Machine learning for neonatal dysphagia (NOMAS)

Table 2. Neonatal Oral-Motor Assessment Scale (NOMAS)

	Normal	Disorganization	Dysfunction
Jaw	<ul style="list-style-type: none"> — consistent degree of jaw depression — rhythmical excursions — spontaneous jaw excursions occur upon tactile presentation of the nipple up to 30 minutes prior to feed — jaw movement occurs at the rate of approximately one per second — sufficient closure on the nipple during the expression phase to express fluid from the nipple 	<ul style="list-style-type: none"> — inconsistent degree of jaw depression — arrhythmical jaw movements — difficulty initiating movements: <ul style="list-style-type: none"> — inability to latch — small, tremor-like start-up movements noted — does not respond to initial cue of nipple until jiggled — persistence of immature suck pattern beyond appropriate age <ul style="list-style-type: none"> — under 40 weeks 	<ul style="list-style-type: none"> — excessively wide excursion that interrupt the intra-oral seal on the nipple — minimal excursion; clenching — asymmetry; lateral jaw deviation — absence of movement (% of time) — lack of rate change between NNS and NS (NNS=2/sec; NS=1/sec)
Tongue	<ul style="list-style-type: none"> — cupped tongue configuration (tongue groove) maintained during sucking — extension-elevation-retraction movements occur in anterior-posterior direction — rhythmical movements — movements occur at the rate of one per second — liquid is sucked efficiently into the oro-pharynx for swallow 	<ul style="list-style-type: none"> — excessive protrusion beyond labial border during extension phase of sucking without interrupting rhythm — arrhythmical movements — unable to sustain suckle pattern for two minutes due to: <ul style="list-style-type: none"> — habituation — poor respiration — fatigue — incoordination of suck/swallow and respiration which results in nasal flaring, head turning, extraneous movement 	<ul style="list-style-type: none"> — flaccid; flattened with absent tongue groove — retracted; humped and pulled back into oropharynx — asymmetry; lateral tongue deviation — excessive protrusion beyond labial border before/after nipple insertion with out/down movement — absence of movement



Continuous relaxation of discrete operations enables gradient descent



Goal: Find the optimal cell, by placing proper operations (e.g. conv, pooling) at edges

Superpose: each edge is the sum over the outputs of multiple operations, weighted by continuous "architecture parameters" α

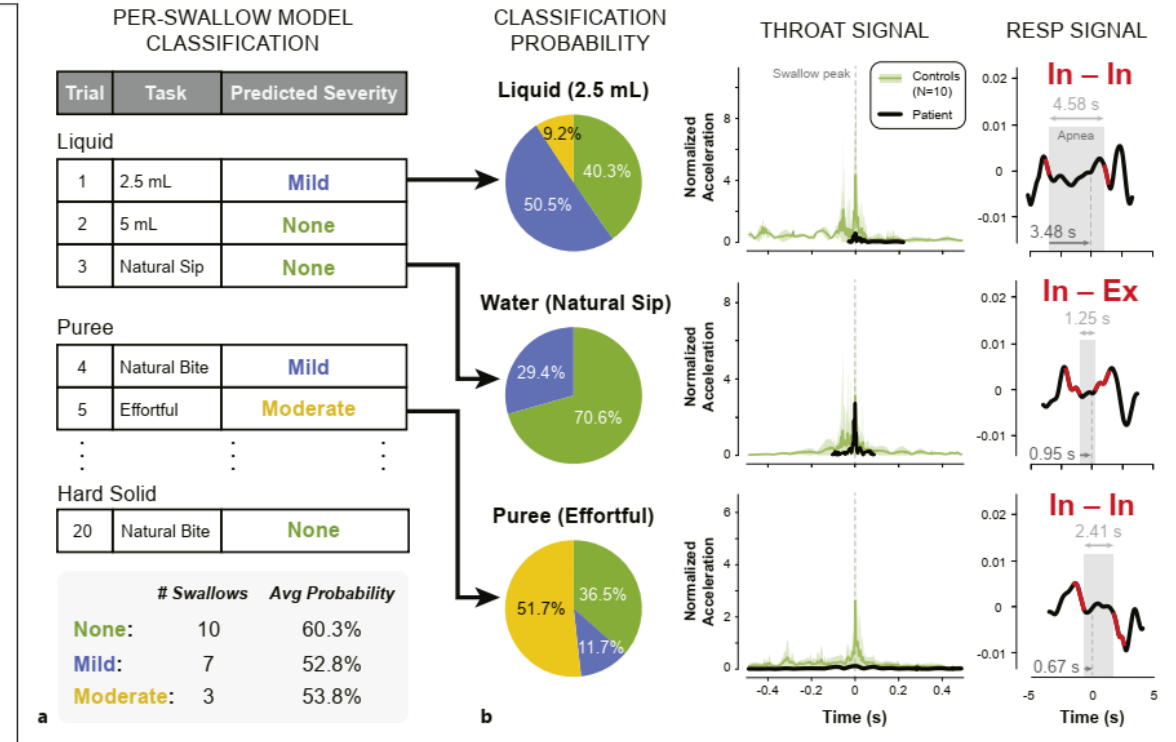
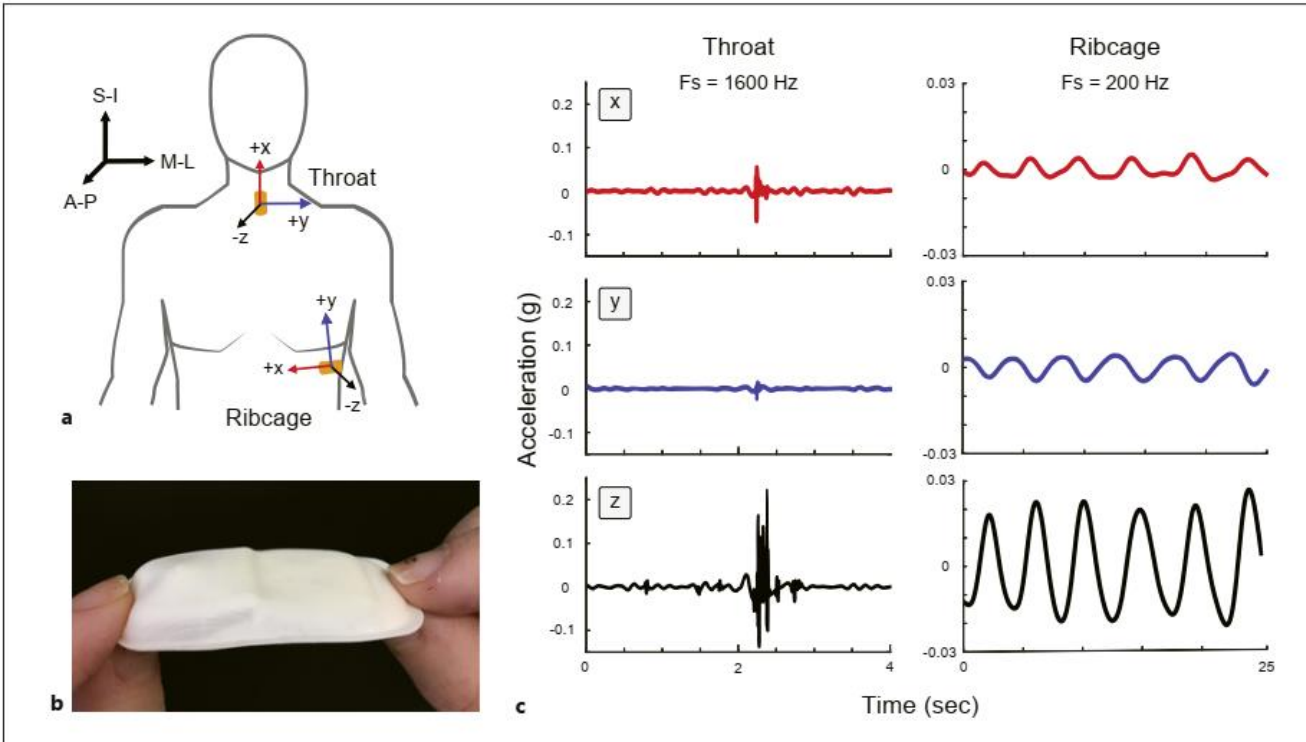
Search: Optimize the architecture weights α , using gradient descent on validation loss

Discretize: select the operation with the highest architecture weight, to be the final architecture

Clinical observation

Computer vision !!

Wearable sensor



Mechano-acoustic sensors with machine learning to monitor biomarkers of dysphagia. O'Brien, Megan K., et al. Digital Biomarkers 5.2 (2021): 167-175.

Take home messages

- 연하장애의 병태생리에는 다양한 요소들이 관여하며, 그 자체로 매우 복잡하다
- 연하장애는 정의가 명확하지 않고 기준이 되는 biomarker가 없어 진단에 어려움이 있다
- 연하장애의 진단적 평가 시에는 단순히 흡인여부를 판단하는 것에 국한하기 보다 연하과정 전반에서 문제점을 파악하고, 추후 재활계획을 세우는 것까지 포함해야 한다
- 연하장애의 진단, 평가 대상군이 확대되고 있다
- MRI와 같은 새로운 도구가 연하장애의 평가에 사용될 수 있고, 기존의 방식도 변형하여 적용해볼 수 있다
- 최근에 Machine learning을 포함한 디지털 기술들이 연하장애의 진단평가에 활용되고 있다

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