Case Report

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Deglutition Phobia Case Study

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Oral myology is an emerging health discipline. Oral myofunctional disorders¹ receive scant, if any, recognition in schools for health professionals. In consequence physicians, dentists, and speech pathologists may be ill prepared to recognize and to diagnose myodynamic dysfunctions.² To partly fill this gap and to establish means of communication with the local health community the Myofunctional Research Institute in Boston staged monthly informative, yet informal meetings to which groups of interested professionals were invited. As a consequence a number of interesting referrals arrived in our diagnostic center.

Mrs. G. S. was referred by a family physician who attended one of these meetings. A 56-year-old housewife, mother of a married daughter, was accompanied by her husband. She looked definitely older than her age and somewhat emaciated. Mrs. S. related a long history of ailments, mostly of digestive and gastrointestinal nature, a variety of treatment regimes, physicians, and hospitalizations. Her current complaint emerged about five years prior to her visit. Subsequent to an incident of choking on a food morsel she developed a gradually escalating fear of choking and suffocating. Mealtime turned into a nightmare. Examination by a gastroenterologist and by a laryngologist brought no working diagnosis or effective treatment plan. Her family physician referred her to a psychiatrist who treated her for anxiety neurosis with deglutition phobia. After a year and a half in psychotherapy she appeared significantly relieved and she ate better, but her fear of choking persisted. Mrs. S. was not sure whether or not she was breast or bottle fed herself, but her younger siblings were bottle fed. It was difficult for her to swallow pills as long as she remembered, but cooperative physicians prescribed liquids for medication whenever possible. She has had soft teeth and trouble with gum bleeding for many years.

Examination revealed an abnormal deglutition pattern with very faint contraction of the mandible elevators, with a strenuous constriction of cheek and lip muscles, and with tongue pressure against her teeth. The pattern did not fit precisely any of Barrett's types of deviate deglutition,¹ but resembled mainly Type 4. The mastication was laborious and inefficient. Intraoral examination revealed an ill-fitting maxillary full denture. There was no adequate retention and the patient had resorted to using adhesive powder. In her mandible, partially edentulous, the remaining teeth had defective restorations and multiple carious lesions. Inflammation of the gingiva, with periodontal pocket formation, excess mobility, pathologic migration, and gingival recession presented a picture of advanced periodontitis. Radiographs demonstrated the extent of atrophy of the mandibular alveolar

process with periodontal prognosis negative. A diagnosis was made of chronic myodynamic dysphagia² with masticary inefficiency and advanced periodontitis. Upon consultation with the referring physician, with the psychiatrist and with a periodontologist a course of action was proposed, the treatment to consist of functional rehabilitation through the combined efforts of a myofunctional therapist and a dentist with supportive collaboration of the psychiatrist.

Therapy was initiated by treatment reline of the existing maxillary denture to improve retention and to restore the tonus of the maxillary mucosa. With the denture more retentive the myofunctional therapist proceeded to develop the muscular strength and the necessary skills in an organized step-by-step fashion. Meanwhile all mandibular teeth were extracted in a hospital under general anesthesia. When adequate healing of the mandibular alveolar process was determined a new set of dentures was constructed in myocentric occlusion with the aid of Jankelson's³ Myo-monitor. The myofunctional therapist continued her work until Mrs. S was able to masticate, to swallow correctly and speak without impediment with her new dentures. Surprisingly to her, she can swallow pills now without difficulty or fear of choking. She has time now to devote to therapy by a podiatrist for an unrelated ailment with a supportive collaboration by her psychiatrist.

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