



ADULT SWALLOWING PHOBIA: ABOUT A CLINICAL CASE

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ABSTRACT

The swallowing phobia is a state of acute fear of swallowing with avoidance of swallowing solid foods, drinking in the absence of any identified organic problem. We report the case of a 25-year-old patient with this symptomatology, apart from any categorized psychiatric disorder with a rich discussion of possible diagnostic possibilities and aspects of management with a review of the literature on this subject.

Key words:

swallowing phobia, anxiety disorders,
separation anxiety.

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INTRODUCTION

The phobia of swallowing has been described by Chorpita *et al* [1] as a state of acute fear of swallowing with avoidance of swallowing solid foods, drinking or taking medication in the absence of any physiological or anatomical abnormalities. This situation is quite common in children, especially during medication, but cases that have been reported in the literature in adults are rare, and often associated with anxiety disorders. We report here the case of a young man with a swallowing phobia without associated anxiety disorder and no other categorized psychiatric disorder.

Clinical Case

The patient is a 25-year-old male, complained of progressive high dysphagia. This swallowing gene had been evolving for 6 months and coincided with a period of sentimental breakup. After a mild event of swallowing a candy causing a fleeting respiratory gene, by period he began to report more or less important swallowing problems, by period and this depending on the context and the meals. Over the days, he hesitated to swallow, with an impression of having lost the automatic reflex of swallowing and meals often become difficult. He should chew a long time and often swallow with a little water so that it is liquid. In his personal and family history, we do not notice a comparable episode, but our patient insists to report a history of neurotic crises when he was 17 years old,

after multiple disputes between his parents. In addition, there is no particular pathological history of panic disorder, agoraphobia or obsessive-compulsive disorder or post-traumatic stress disorder. Similarly, there are no emotional or psychotic disorders. The biography shows that the patient is an only child and has lived through his childhood and adolescence regular marital problems of his parents. There is no salient feature of a pathological personality, including no histrionic or other traits. In the same way, his sociability is perfect without any performance anxiety excluding the hypothesis of a social phobia. The clinical examination reveals a difficult swallowing but without odynophagia, but the peculiarity which attracted the attention of the examiner, is that the difficult swallowing seemed to be aggravated by the presence of others, requiring the use of lubrication with water, which makes the duration of the meals long, sometimes even endless. The clinical examination of the otorhinolaryngological sphere does not show the existence of abnormalities or anatomical variants favoring organic dysphagia such as the existence of a macroglossia, a shortness of the tongue brake, a labial incompetence, a narrow palate or a congestion of the upper airways. Moreover, this dysphagic complaint is not accompanied by weight loss. Eo-so-gastroduodenal fibroscopy, thoraco-abdominal scanner, oeso-gastroduodenal transit and esophageal manometry were normal.

DISCUSSION

There are no epidemiological data on swallowing phobias because of the scarcity of these clinical cases worldwide [2-4].

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In 2001, De Lucas -Taracena *et al* [5] reported a series of 21 cases in the literature in another review [6], they added 12 new cases. In this review, anxious comorbidities were very common: 41% panic disorder, 22% obsessive symptoms and 15% anxiety separation disorder, and also the presence of a stressful event in 44% of cases and the presence of disorders in 56% of cases.

This brings us back to discuss the swallowing phobia as symptomatic of an anxiety disorder or is it part of a phobic disorder in its own right, and even more so if this phobia is classified as a symptom of a structured neurosis [7].

Indeed, this entity is classified as a specific phobia by the DSM-IV, and also in the DSM-V published in 2013 (Code 300.29) while recalling nosographic problems and differential diagnosis, particularly with eating disorders [8].

Stacher G *et al* [9] emphasized the differential diagnoses of what he called a psychosomatic swallowing disorder in a series of 52 patients, and found 41 cases of achalasia, 6 cases of abnormal contractions of the lower extremities esophagus, 5 cases of diffuse spasm of the esophagus and 4 cases of gastroesophageal reflux, concluding that the prescription of esophageal manometry and the study of P-metastasis is systematic in the face of any complaint of a swallowing disorder.

Concerning the use of antidepressants such as serotonin reuptake inhibitors has been proposed by several authors [5, 6, 10, and 11] with convincing results especially if there is an underlying anxiety disorder.

In psychotherapy, Solyom and Sookman [12] described behavioral therapy using aversive therapy (electrical current on the finger), relaxation, and desensitization techniques with work on motivation for change.

According to torralbas *et al.* the systemic management is also important and aims to restore the family ties and to dispelling tensions in interpersonal relationships [13]; Hypnosis has been proposed by Epstein *et al* [14], but so far, there is not enough evidence enough.

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- Any deglutition disorder requires a balance sheet including manometry and Ph-metry
- Tout trouble de déglutition impose un bilan comprenant la manométrie et la Ph-métrie
- In front of a normal organic balance, actively seek an antecedent of an anxiety disorder
- Anxiety disorders can be in the form of a specific phobia (a food for example), separation anxiety, a panic disorder or the presence of obsessive ideas about swallowing
- If the psychiatric etiological assessment is positive, a treatment based on serotonergic antidepressants is proposed to the patient in coordination with a specialized opinion of the psychiatrist
- Cognitive behavioral and systemic psychotherapies are the most recommended in these cases

CONCLUSION

The phobia of swallowing is a rare situation but which poses etiopathogenic and psychopathological problems. The essential work consists in eliminating a disorder of the oropharyngeal and digestive high sphere, then in a second time to eliminate a specific phobic disorder related to an anxiety. The management depends on the etiological nature of the disorder.

Competing interests

The authors declare that they have no competing interests.

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