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## EARLY VFSS IN ACUTE STROKE PATIENTS WITH DYSPHAGIA

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### Background and Aims

We hypothesized that intensive videofluoroscopic swallowing study (VFSS) helps to choose a proper feeding. This study was to investigate a usefulness after early VFSS in stroke patients with dysphagia.

### Methods

VFSS was performed within 7 days after stroke onset. We enrolled the patients who dieted the food via nasogastric tube. Patients were divided into 3 groups according to their brain lesion, cortical lesion (CL), subcortical lesion (SCL) and brainstem/cerebellar lesion (BCL). On the result of VFSS, we checked tendency of changing dietary method and discrepancy of predicting the aspiration risk between the DST and the VFSS.

### Results

One hundred sixty three patients met our inclusion criteria; 61 patients were enrolled to the CL group, 54 to the SCL, and 48 to the BSL group. Patients who had aspiration risk, which penetration aspiration scale (PAS) scores were 6 to 8, were noted in three groups on the VFSS (47.5% in CL, 59.3% in SCL, and 47.9% in BCL). 79.2 % of patients were needed to change their feeding methods after VFSS and patients who could have a normal regular diet (NRD) was only 20.8%. 64.4 % of patients were needed to change their feeding methods after VFSS. Among them, 37.4% of patients should restrict the control of their feeding methods due to aspiration risk. Aspiration pneumonia was observed in 12 patients (7.4%) after VFSS during 3 weeks.

### Conclusion

Early VFSS for acute stroke patients provides a more proper feeding method and helps to manage dysphagia effectively

**Keywords:** early VFSS, acute stroke, dysphagia