

Retrograde cricopharyngeal dysfunction – a case report and literature review

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Retrograde cricopharyngeal dysfunction (R-CPD) is a recently recognized clinical entity characterized by the inability to belch, leading to a constellation of distressing symptoms such as socially disruptive gurgling sounds, abdominal bloating, chest pressure, and excessive flatulence. This literature review aims to synthesize current knowledge regarding the pathophysiology, clinical presentation, diagnostic challenges, and management of R-CPD. The exact etiology remains unclear, but failure of transient relaxation of the cricopharyngeus muscle in response to gastric gas appears central to the disorder. Unlike classic dysphagia, patients with R-CPD typically have no difficulty swallowing solids or liquids, which often delays diagnosis. Diagnostic work-up may include high-resolution manometry, video fluoroscopic swallowing studies, and endoscopic evaluation, although diagnosis remains largely clinical. Botulinum toxin injection into the cricopharyngeus muscle has emerged as the most effective treatment, with high success rates and lasting relief for most patients. Repeated injections or cricopharyngeal myotomy may be considered for those with recurrent symptoms. In addition to the literature review, this presentation includes a case report of a patient diagnosed with R-CPD, illustrating the typical symptom progression, diagnostic process, and therapeutic outcome following botulinum toxin treatment. This review highlights the importance of recognizing R-CPD as a distinct clinical syndrome and emphasizes the need for interdisciplinary collaboration in diagnosis and management. Increased awareness among gastroenterologists, otolaryngologists, and speech-language pathologists is essential for timely intervention and improved patient outcomes.

Key words: abelchia, botulinum toxin, cricopharyngeal myotomy, retrograde cricopharyngeal dysfunction