

Section: CLINICAL CASE REPORT

Abstract: CCR-03

Oropharyngeal dysphagia after cervical trauma: a case report emphasizing multidisciplinary assessment and follow-up with fiberoptic endoscopic evaluation of swallowing (FEES)

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INTRODUCTION: Dysphagia is a symptom experienced by patients with disorders of the swallowing process and may occur during the preparatory, oral, pharyngeal, and/or esophageal phases. It may lead to malnutrition, respiratory complications, and dehydration, which may result in death or deterioration of the patient's overall condition. Dysphagia is known to affect 16%–22% of the population older than 50 years, reaching rates of 70%–90% among the oldest populations. This report highlights the importance of a detailed swallowing assessment conducted by an integrated multidisciplinary team using clinical evaluation and objective instrumental tests such as fiberoptic endoscopic evaluation of swallowing (FEES). **CASE REPORT:** This study analyzed the case of V.S.A., a 24-year-old man. He sustained cervical trauma in a motorcycle accident and was diagnosed with a C6–C7 fracture-dislocation (Anderson and D'Alonzo types I + II) and a comminuted fracture of the C2 odontoid process. He underwent posterior spinal fusion. In the immediate postoperative period, he developed oropharyngeal dysphagia, could not receive oral feeding, and underwent gastrostomy. He was followed by the otorhinolaryngology service at Hospital Estadual Mário Covas. Serial FEES initially showed diffuse food residue in the pharyngeal recesses and partial opening of the cricopharyngeal muscle, but no laryngeal penetration and/or laryngotracheal aspiration. Vocal-fold function remained preserved. The patient showed substantial clinical improvement and resumed full oral feeding, with an indication for gastrostomy removal. **DISCUSSION:** The coordinated work of the multiprofessional team was essential to prevent complications, rehabilitate swallowing function, and ensure safe feeding. The case highlights the importance of early identification of dysphagia symptoms in patients with cervical injuries and the role of FEES in the functional monitoring of swallowing.

KEYWORDS: Dysphagia; Swallowing; Assessment; Fiberoptic endoscopic evaluation of swallowing.