A 62-year-old man had a 3-month history of progressive dysphagia; his body weight had decreased by 6 kg over the previous month. Upper endoscopy of the esophagus revealed no stenotic lesions. Although the patient complained of dysphagia, neither bulbar palsy nor pseudobulbar palsy existed. His deep tendon reflexes in all extremities were brisk. Cervical x-ray radiography (Picture 1A) and computed tomography (Picture 1B) revealed bridging ossification of the anterior longitudinal ligament (OALL) from the C2 to Th1 level, accompanied by anterior osteophytes at the C3/4 and C7/Th1 levels. Ossification of the posterior longitudinal ligament was also noted at the C3/4 level. Videofluoroscopy during swallowing revealed stagnation of barium at the C3/4 and C7/Th1 levels. The patient was diagnosed as having dysphagia caused by cervical OALL with anterior osteophyte formation. Most studies on cervical OALL with dysphagia are reported by orthopedists or neurosurgeons (1, 2). Physicians should consider cervical OALL, although rare, as one of the differential diagnoses of dysphagia.

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References