

Abstract

Vitamin B12 deficiency is usually manifested as anemia and neurological manifestations. Sub acute combined degeneration of the spinal cord and polyneuropathies are classic neurological scenarios while dysphagia is recognized as an uncommon neurological manifestation of vitamin B12 deficiency. Neurogenic dysphagia is believed to be due to bulbar dysfunction which is reversible after successful B 12 replacement. We present here a 53-year-old patient who presented with dysphagia, symptomatic hypothyroidism, vitiligo, and nervous system findings of polyneuropathy. He was diagnosed to have megaloblastic anemia depending on blood picture findings with very low vitamin B12 levels. The dysphagia was managed with B12 replacement because of the normal esophagus demonstrated on upper gastrointestinal endoscopy (UGIE). Complete reversal of dysphagia was observed about 3 months following B 12 replacement.