In-Office, Unsedated Transnasal Esophagoscopy Shows Promise

BY PATRICIA WENDLING
Chicago Bureau

CHICAGO — Transnasal esophagoscopy easily identified esophageal abnormalities without sedation in an office-based setting during a small, prospective study.

The procedure, which allows endoscopic visualization of the aerodigestive tract from the nasal vestibule to the gastric cardia, is currently limited to a small number of U.S. centers. But the findings suggest that office-based transnasal esophagoscopy could make screening more accessible in patients with esophageal reflux, globus, and dysphagia.

Dr. Thomas Takoudes said at the Combined Otolaryngology Spring Meetings.

Esophageal reflux affects up to 40% of adult Americans, many of whom will develop Barrett’s esophagus, a known risk factor for esophageal cancer. “Given the incidence of severe reflux, this [procedure] should be as accessible as digital rectal exams and [prostate-specific antigen] tests for prostate cancer and Pap tests for cervical cancer,” he said.

The study included 21 consecutive transnasal esophagoscopy procedures performed in 19 patients over a 6-month period. Dr. Takoudes used the Vision Sciences Inc. esophagoscope, which has a single-use, disposable sheath. In all of the patients, the nose was sprayed with oxymetazoline and lidocaine to reduce discomfort.

No complications were observed. “With this procedure, the tube goes through the nose without sedation, and a half an hour later they go home or to work. It’s so much easier for the patient,” he said.

Indications for the procedure were: laryngopharyngeal reflux with failed proton pump inhibitor therapy in 11 patients (58%); dysphagia without a history of reflux in 7 (37%); head/neck cancer in 2 (11%); and abnormal esophagus on CT scan in 1 patient (5%). Some patients had multiple indications. One procedure could not be completed due to patient discomfort.

Significant findings were identified in 10 of 20 procedures (50%); including two cases of diverticulum, two Candida esophagitis, two hiatal hernia, two patulous esophagus, two abnormal motility,