Office-based Transnasal Oesophagoscopy: evaluating the safety, efficacy and application in head and neck cancer patients

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Abstract

Key Points * Transnasal Oesophagoscopy (TNO) is an approach to inspect the upper aerodigestive tract, especially in the head and neck cancer (HNCA) population that present with dysphagia. * Twenty-five (25) office-based TNO procedures were performed, with a same-day discharge rate of 96% (24/25) and no reported complications. * This case series is the first to compare preoperative and postoperative outcomes (EAT-10) following stricture dilatation using TNO in the UK. Our results show a statistically significant improvement in symptom severity (EAT-10 scores) (n=11, P=0.001). In the majority of these patients, strictures were due to post-radiation complications. Biopsy in 4/5 cases was sufficient for diagnosis/ruling out disease. Of these patients, 80% had a previous HNCA. * This study identifies the remit for a new 'one-stop' TNO service for suspected cancer referrals, of which a large proportion are patients with a previous HNCA. Surveillance, therapeutics and diagnostics can be achieved in a single visit. * Earlier staging or treatment may be achieved due to a fast turnover in clinic

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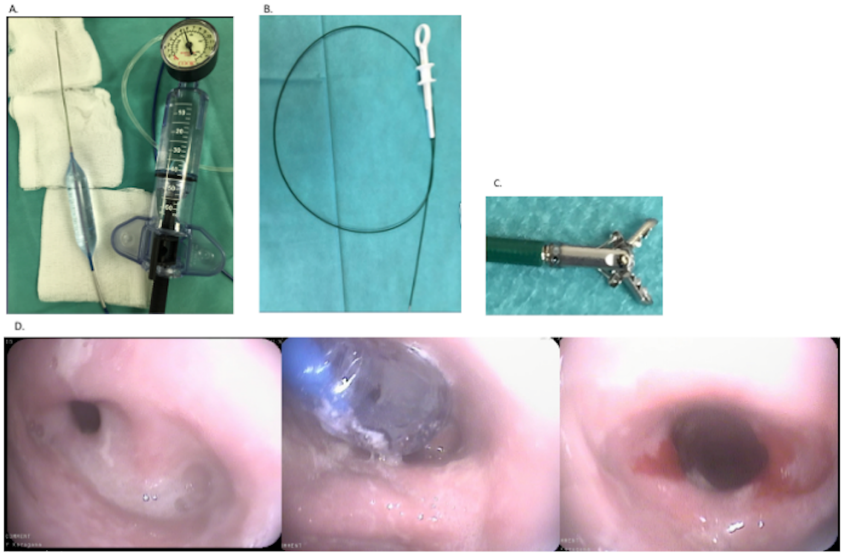

Figure 1. (A) Cook Medical® balloon and pump-syringe used in clinic. (B and C) biopsy forceps that can be passed through the working channel. (D) oesophageal stricture before(left), during(middle) and after(right) balloon dilatation.

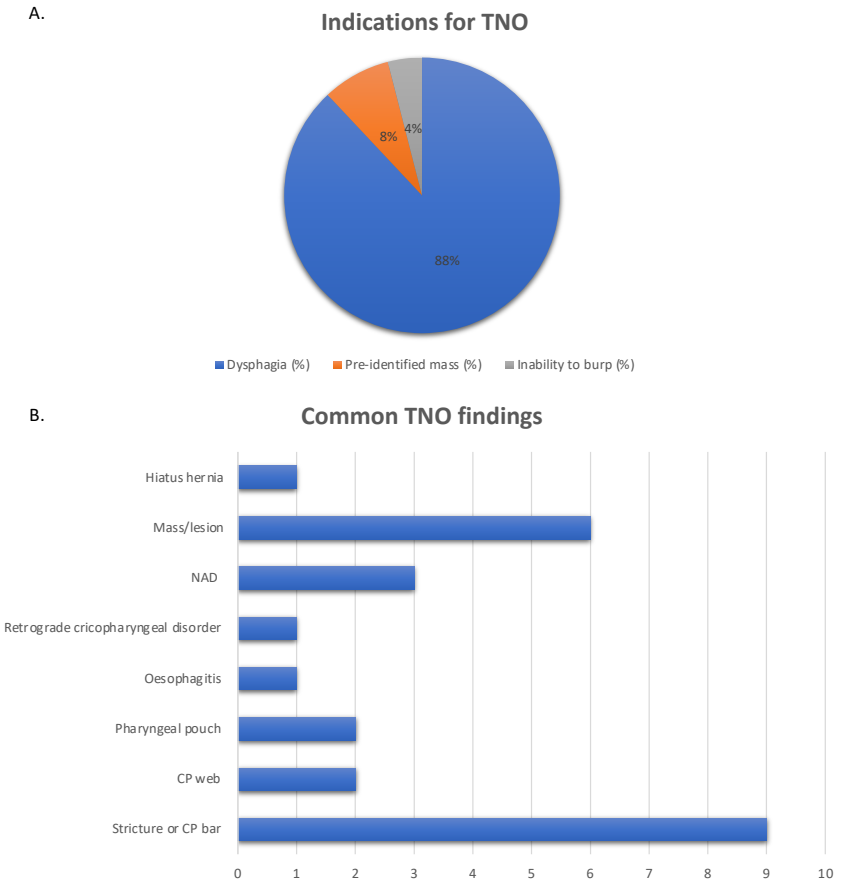

Figure 2. (A) Chart summarising indications for TNO. (B) positive intraoperative findings in this cohort

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