Transnasal Esophagoscopy Effective Without Sedation

BY PATRICE 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 by Dr. Takoudes. He used the Vision-Sciences Inc. esophagoscope, which has a single-use, disposable sheath. The nose was sprayed with oxymetazoline and lidocaine to reduce discomfort in all patients.

No complications were observed. "With this procedure, the tube goes through the nose without sedation, and a half hour later they go home or go 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%). They included two cases of diverticulum, two candida esophagitis, two hiatal hernia, two patulous esophagus, two abnormal motility, two Barrett's esophagus, and one achalasia, reported Dr. Takoudes, of the Ear, Nose, & Throat Medical and Surgical Group in New Haven, Conn. Multiple findings were found in some patients.

COURTESY DR. THOMAS TAKOUDES

Dr. Thomas Takoudes shows that the patient sits unsedated during esophagoscopy.

The utility of transnasal esophagoscopy as a screening tool was validated in a recent large study in which significant findings were identified in half of 592 procedures performed for reflux, globus, or dysphagia; the study was performed in a large tertiary care center (Laryngoscope 2005;115:321-3).

Procedure failure rates were similar in both studies; 3% at the tertiary care center and 5% in the office-based setting, Dr. Takoudes said. ■

Fundoplication Bests PPIs in Reflux Control

BY MARY ELLEN SCHNEIDER
New York Bureau

LOS ANGELES — Laparoscopic Nissen fundoplication is superior to medication for overall symptom control in patients with gastroesophageal reflux disease, according to preliminary research presented at the annual Digestive Disease Week.

Even patients who do well on medication may be candidates for surgery, said Dr. Mehran Anvari, director of the center for minimal access surgery at McMaster University in Hamilton, Ont., the study's lead author. Dr. Anvari presented the 1-year results of the study, in which patients whose symptoms were controlled by long-term use of proton pump inhibitors (PPIs) were randomized to receive either continued PPI therapy or laparoscopic Nissen fundoplication.

Of the more than 200 patients with gastroesophageal reflux disease (GERD) who were eligible for the study, 104 gave informed consent. Four surgeons performed the surgery, using a previously published technique. Investigators evaluated symptoms every 3 months using a validated instrument and conducted 24-hour pH testing after 1 year.

Of the 104 randomized patients, 98 were available for follow-up after 1 year. Patients in both arms of the study showed improvement in 24-hour pH and in GERD symptoms. However, overall patient satisfaction with symptom control in the surgical group increased from 73.3 to 90.2 on a 100-point global rating scale, whereas results from the medication group stayed the same, compared with baseline.

Laparoscopic Nissen fundoplication may be an alternative for patients who don't want to be on long-term therapy with medication, Dr. Anvari said. Although this trial showed surgery to be an effective option, particularly in terms of overall symptom control, surgery is operator dependent, he said.

For this study, the investigators selected surgeons who had performed 50 or more laparoscopic Nissen fundoplication procedures. Dr. Anvari said that patients should select surgeons who have done at least 30 of these procedures. The 3-year follow-up data are collected and will be released in about a year, he said. ■

COX-2 Controversy Sparked 'Gastroprotection Gap' in Elderly

LOS ANGELES — The sharp decline in the use of selective cyclo-oxygenase-2 inhibitors due to concerns about cardiovascular risks has created a "gastroprotection gap" among elderly arthritis patients who require NSAIDs, Dr. Gurkirpal Singh said at the annual Digestive Disease Week.

In California, the percentage of Medicaid participants with arthritis who did not receive concomitant gastroprotective agents with their NSAIDs rose from 14% in 2004 to 35% in 2005.

"An increasing number of elderly patients on NSAID therapy are once again left without gastroprotection," said Dr. Singh of Stanford University, Palo Alto, Calif. "We are going back to where we were before the advent of COX-2 inhibitors. We believe it is likely that this trend of decreased gastroprotection will result in the increased incidence of GI complications. … We haven't shown that yet, but we are currently working on this data analysis," said Dr. Singh, who is on the speakers' bureau for Pfizer Inc. He and his associates defined the gastroprotection gap as "the proportion of patients who are elderly and at risk for GI bleeds but are exposed to nonselective NSAID therapy without concomitant protection with either a [proton-pump inhibitor] or misoprostol. These are the highest-risk patients who will get GI complications if they are not properly managed."

Using Medi-Cal data, they analyzed prescription patterns in Californians older than 65 years who had physician-diagnosed arthritis and who were treated with NSAIDs for at least 30 days. From 1995 to mid-2005, there were 5,194,765 prescriptions for NSAIDs, including 2,634,345 (50.7%) for selective COX-2 inhibitors.

Of the 2,560,420 prescriptions for nonselective NSAIDs, only 1,215,762 (47.5%) had concomitant use of a proton-pump inhibitor or misoprostol. "The increasing implementation of gastroprotection strategies over the past several years reached a peak in 2004 when the percentage of patients not receiving gastroprotection decreased to 14% from 91% in 1995. However, this gap more than doubled to 35% in 2005," they said.

—Doug Brunk

Esomeprazole Lessened Ulcer Risk For Patients on Low-Dose Aspirin

LOS ANGELES — In patients at moderate risk for an ulcer who were on low-dose daily aspirin therapy, concomitant treatment with esomeprazole 20 mg once daily was significantly more effective than was placebo for preventing endoscopically confirmed gastroduodenal ulcers, a randomized, multicenter trial showed.

"Esomeprazole prevents the development of upper GI lesions and also lessens the occurrence of GI symptoms, and is a safe and well-tolerated therapy," Dr. Angel Lanas said at the annual Digestive Disease Week.

In a study conducted at 80 centers in 11 countries, 991 patients aged 60 and older were randomized to receive either low-dose aspirin once daily plus esomeprazole (Nexium) 20 mg once daily (493 patients) or low-dose aspirin once daily plus placebo (498 patients). Low-dose aspirin was defined as a dose of 75-325 mg/day. Half of the patients were male, with a mean age of 80 years.

Patients were excluded if they had heartburn or other upper gastrointestinal symptoms that required treatment, or if they had erosive esophagitis. Endoscopy was performed at baseline, 2 months, and 6 months. The main study outcome was the incidence of gastroduodenal ulcers over the 6-month period.

At the study's end, 8 patients in the esomeprazole arm (1.6%) developed a gastroduodenal ulcer, compared with 27 patients (5.4%) in the placebo arm, a difference that was statistically significant.

Dr. Lanas of the gastroenterology department at University Hospital Clinic in Zaragoza, Spain, said that these results corresponded to a relative risk reduction of 70% among patients in the esomeprazole arm, compared with their counterparts in the placebo arm. He also noted that the average ulcer sizes in the esomeprazole arm ranged from 5 mm to 8 mm.

When the researchers applied life-table estimates to the data, they determined that 1.8% of patients in the esomeprazole arm had a gastroduodenal ulcer at 6 months vs. 6.2% of patients in the placebo arm, a difference that also was statistically significant.

AstraZenecaPharmaceuticals LP, maker of Nexium, sponsored the trial. Dr. Lanas disclosed that he is a consultant for AstraZeneca and for Merck & Co.

—Doug Brunk