Diagnostic Transnasal Oesophagoscopy: a retrospective series

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Introduction:
TNO utilization has increased in the UK over the last decade. TNO indications are expanding, examples include: Biopsies, laser and oesophageal dilatation

Materials and methods:
Data was collected retrospectively from 2014 to 2017. Data included: Presenting complaint, TNO indications, findings, other investigations and outcome.

Results:
143 patients had TNO, 141 under local anaesthesia and without sedation and 2 under general anaesthesia (in theatres as part of another procedure. 74/143 were referred to TNO because of persistence of symptoms following 1st line treatment.

Conclusion:
Role of TNO has evolved and needs to be introduced in more hospitals in the UK because of safety, day-case awake nature and video documentation.

Discussion:
No cancer detected in this cohort which could be because rigid endoscopy is still preferred for obtaining biopsies for lesions seen on FNE. Our study patients mostly had normal FNE, they continued to have persistent symptoms warranting further investigation; while in the same time trying to avoid the inherent risks of rigid scope. 118/143 (82.5%) of patients avoided GA by having TNO. This makes TNO a necessity rather than a luxury especially for globus patients who failed trial of PPI and had normal FNE.