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Summary

ENDOSCOPIC ARGON PLASMA COAGULATION ABLATION SIGNIFICANTLY IMPROVES LARYNGOPHARYNGEAL SYMPTOMS IN SYMPTOMATIC CERVICAL INLET PATCHES PATIENTS: A PILOT STUDY IN THE ASIA-PACIFIC REGION

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Oesophagus

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A retrospective review of six symptomatic cervical inlet patch patients in Asia-Pacific found that argon plasma coagulation ablation improved laryngopharyngeal symptoms from scores above 4/10 to below 2/10 at one month, with no complications observed.

KEY POINTS

- Six symptomatic cervical inlet patch patients underwent endoscopic argon plasma coagulation ablation at 60 W and 2 L/min in one session between May 2022 and April 2024.
- Visual analog scores for dry throat, burning sensation, globus sensation, and hoarseness improved from more than 4/10 to less than 2/10 one month after ablation, with foreign body sensation improving most prominently from 7/10 to 1/10.
- No complications such as perforation, infection, ulcers, or stricture occurred, and follow-up endoscopy at one month showed no residual cervical inlet patch in all patients.
- The cervical inlet patches were located at an average of 16.7 cm from the incisors, with an average size of 0.6 cm, and two-thirds of patients had more than one patch.
- The authors note this is the first reported use of argon plasma coagulation for symptomatic cervical inlet patch in Asia-Pacific countries and call for larger prospective randomized studies to validate these findings.

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