gutflix
GI learning, personalised

Summary

NATURAL HISTORY, MANAGEMENT, EFFICACY AND OUTCOMES IN ESOPHAGEAL FOOD BOLUS OBSTRUCTION

Dilini Abeywickrama

UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

A retrospective cohort study of 608 patients with esophageal food bolus obstruction found that pre-endoscopic medical therapy achieved spontaneous clearance in 36.8% of cases, with ability to tolerate saliva or liquids predicting resolution, while endoscopy remained highly effective with a low complication rate (7.4%).

KEY POINTS

- Pre-endoscopic therapy was administered to 64.0% of patients, most commonly glucagon (47.4%), GTN (37.2%), and Coca Cola (36.3%), with successful clearance in 36.8% of treated patients, though no individual medication significantly reduced the need for endoscopy.
- Multi-variable analysis showed that tolerating saliva (OR 1.95, p=0.025) and liquids (OR 2.28, p=0.001) significantly predicted spontaneous resolution without endoscopy.
- Among 474 patients who underwent endoscopy (median time 14 hours), complications occurred in 7.4%, primarily partial esophageal tears (n=24) and aspiration pneumonia (n=5).
- Underlying esophageal pathology was identified in 27.4% of endoscopy cases, most commonly esophageal strictures (13.9%), eosinophilic esophagitis (11.2%), and Schatzki rings (9.1%), with 34.2% of biopsied patients meeting diagnostic criteria for eosinophilic esophagitis.
- This study provides evidence for clinicians managing acute esophageal food bolus obstruction, particularly regarding pre-endoscopic treatment options and predictors of spontaneous resolution.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/f9c683c6-743b-11ee-af86-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.