# A PROPOSED MANAGEMENT STRATEGY OF OESOPHAGEAL FOOD BOLUS IMPACTION BASED ON A RETROSPECTIVE REVIEW OF THE SAFETY AND EFFICACY OF CAP-ASSISTED VS CONVENTIONAL ENDOSCOPIC TECHNIQUES

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**A retrospective study of 370 oesophageal food bolus impactions (2010-2022) found that cap-based endoscopic pull techniques achieved higher en-bloc removal rates and shorter procedure times than conventional instruments, with a shift away from conventional methods over the decade.**

## KEY POINTS

- Medical management succeeded in only 6.5% of cases, with 93.5% requiring endoscopic evaluation and 75.6% needing active intervention.
- Cap-based interventions demonstrated superior en-bloc removal rates compared to conventional methods (87.5% versus 15.4%, OR=38, p<0.001) and shorter mean procedure time (28 versus 45 minutes, p<0.001).
- Use of conventional instruments declined from 85% of cases in 2010 to 16% in 2022, reflecting a practice shift toward cap-based pull strategies.
- Cap-based pull strategy showed similar procedure duration to push strategy (26.81 versus 23.6 minutes, p=0.372), though push was faster than all pull strategies combined.
- The authors recommend cap-based pull as first-line for intubated patients without proximal stricture, push strategy for unsecured airways, and conventional methods only as second-line.

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