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Summary

DECISION-TO-SCOPE (DTS) SCORE: PROSPECTIVE VALIDATION AS AN EXCELLENT TOOL FOR PREDICTION OF FOREIGN BODIES IN THE ESOPHAGUS

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

Prospective validation study demonstrates the Decision-To-Scope Score has excellent accuracy for predicting esophageal foreign bodies requiring endoscopy.

KEY POINTS

- The DTS-Score uses five clinical parameters (time since ingestion less than 6 hours, absence of meal since ingestion, dysphagia, odynophagia, and drooling) with a maximum of 11 points, where a score of 5 or greater indicates high probability of endoscopic confirmation.
- In 47 prospectively enrolled patients with suspected foreign body ingestion, the DTS-Score achieved an AUC of 0.94 (95% CI 0.85-1.00, p<0.001) for predicting endoscopic confirmation.
- At the cut-off of 5 or greater, the score demonstrated 97.1% specificity, 83.3% sensitivity, 90.9% positive predictive value, and 94.4% negative predictive value.
- Most patients (91.5%) were evaluated for food-related foreign bodies or food bolus impaction, with esophageal foreign bodies confirmed in 25.5% of cases.
- The authors suggest this validated tool may be incorporated into future clinical algorithms for managing suspected foreign body ingestion.

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