

EFFECTS OF PRE-PROCEDURAL ADMINISTRATION OF SIMETHICONE AND N-ACETYL CYSTEINE FOR BETTER MUCOSAL VISUALISATION PRIOR TO ESOPHAGOGASTRODUODENOSCOPY: AN AUDIT FROM A TERTIARY CARE CENTRE

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Poster

Oesophagus

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A randomized controlled trial of 800 patients found that pre-medication with simethicone plus N-acetyl cysteine significantly improved mucosal visibility during esophagogastroduodenoscopy compared to placebo and single agents alone.

KEY POINTS

- The combination of simethicone and NAC achieved the lowest (best) overall mucosal visibility score of 7.58 ± 1.71 , followed by simethicone alone at 8.05 ± 2.11 , NAC alone at 10.51 ± 3.14 , and water placebo at 11.14 ± 3.49 .
- Mucosal visibility was significantly better when endoscopy was performed 20-30 minutes after pre-medication compared to 10-20 minutes for both the combination group and simethicone alone.
- In the early endoscopy timeframe of 10-20 minutes, simethicone alone and the combination provided equivalent mucosal visibility with no significant difference between them.
- NAC alone showed no significant benefit over placebo for improving mucosal visibility, and no adverse events occurred in any treatment group.
- This study informs endoscopists on optimal pre-medication strategies and timing for upper endoscopy to maximize diagnostic mucosal visualization.

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