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Summary

EFFICACY OF SIMETHICONE PRIOR TO UPPER ENDOSCOPY ON MUCOSAL VISUALIZATION: PRELIMINARY RESULTS OF A BLINDED PROSPECTIVE TRIAL

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Oesophagus

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A randomized blinded study of 82 patients found that pre-endoscopic simethicone (100 mg) significantly improved mucosal visibility during EGD compared to placebo, with higher GRACE scores across all upper GI segments and greater endoscopist satisfaction.

KEY POINTS

- Simethicone improved mean GRACE score compared to placebo (7.62±1.7 vs 5.83±1.7, p<0.001), with significant improvements in esophagus (2.65 vs 2.03, p<0.001), stomach (2.21 vs 1.63, p=0.002), and duodenum (2.69 vs 2.17, p=0.001).
- Median endoscopist satisfaction was higher with simethicone than placebo (8 vs 7, p=0.001) and strongly correlated with total GRACE score (r=0.855, p<0.001).
- No significant differences were observed in endoscopy duration (7 vs 6 minutes, p=0.800) or diagnostic yield (p=0.416).
- The timing of simethicone administration (median 8 minutes in group A vs 19 minutes in group B) showed very weak correlation with GRACE score (r=-0.058, p=0.685).
- Relevant for endoscopists and GI units considering mucosal preparation protocols for upper endoscopy.

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