

USEFULNESS OF LINKED COLOR IMAGING (LCI) WITH TRANSNASAL ENDOSCOPY TO DETECT SHORT SEGMENT BARRETT'S OESOPHAGUS (SSBO)

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Poster

Oesophagus

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Linked color imaging with transnasal endoscopy demonstrated superior detection rates and visibility scores for short-segment Barrett's oesophagus compared to white light imaging and blue laser imaging in a study of 300 gastro-oesophageal junction images from 100 endoscopies.

KEY POINTS

- LCI achieved a 38.8% detection rate for short-segment Barrett's oesophagus compared to 32.7% for BLI bright and 28.3% for white light imaging, with significantly higher detection rates across all evaluated endoscopic findings.
- LCI visibility scores for short-segment Barrett's oesophagus and related findings were significantly higher than both white light imaging and BLI bright ($p < 0.001$).
- Palisade vessels of the anal side showed the strongest correlation with short-segment Barrett's oesophagus on visibility score ($R = 0.500$; $p < 0.001$) among endoscopic findings.
- Ten endoscopists independently evaluated 300 images from a medical check-up center using a four-point visibility scoring system ranging from not detectable to excellent visibility.
- The authors suggest LCI with transnasal endoscopy may be effective for repeated surveillance of the gastro-oesophageal junction in GERD patients where Barrett's oesophagus screening is indicated.

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