

Endoscopic assessment of esophagitis with transnasal esophagoscope: clinical correlates with Los Angeles classification

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Objectives

Current diagnosis of LPR is fraught with many problems, including overdiagnosis, due to reliance on 'soft' signs combined with poor diagnostic tests, and too high an intraobserver and interobserver variability. Although endoscopic esophageal changes are diagnostically not fully accurate for LPR, it can give us valuable information. Unsedated endoscopy is an attractive alternative to conventional sedated endoscopy because it can reduce the cost, complications, and recovery time of the procedure. We aimed to investigate the evidence of esophagitis for LPR patients with transnasal esophagoscope and correlation with other clinical factors.

Methods

Fifty LPR patients and 18 non-LPR patients (for control group, patients with metastatic work-up with transnasal esophagoscope) were analyzed retrospectively. One otolaryngologist evaluated the appearance using a laryngoscope and assessed laryngeal findings according to the Reflux Finding Score (RFS). The degree of GERD, lower esophageal mucosal inflammation was evaluated using transnasal esophagoscope by the same otolaryngologist. Los Angeles

system grading was correlated with RFS.

Results

Fifteen patients among 50 LPR patients (30%) were found to have esophagitis (12 patients with Grade M/A, 3 patients with Grade B). There was a significant association between LPR and esophagitis ($p = .007$). The mean RFS of the whole population was 6.56. The mean RFS of patients who had lower esophageal mucosal inflammation were 6.83, 8.67 for grades A and B respectively (7.2 for LPR patients without esophagitis). There was no patient with grade C/ D esophagitis. Severity of RFS was not significantly ($p = .322$) related to the severity grade of esophagitis. We could not find any significant relationship between RFS and LPR ($p = .094$). Symptom improvement was correlated with esophagitis grade ($p = .002$), not with RFS ($p = .749$). There was no serious complication with transnasal esophagoscope.

Conclusion

We could find esophagitis with transnasal esophagoscope significantly more for LPR patients. Evaluation of esophagitis would be more valuable tool for LPR patients than RFS assessment.