Endoscopic bougie dilatation is effective and safe for oesophageal and pharyngeal strictures: outcomes of a large case series

Introduction

Endoscopic bougie dilatation is a traditional technique for managing oesophageal strictures. There are some safety concerns with this technique, but no corroborative evidence of this in controlled or uncontrolled studies to date.

Methods

We evaluated the outcomes and safety of endoscopic bougie dilatation at our centre, using the endoscopy database to identify all dilatations done by a single operator. Bougies were chosen in 913 requests, 1,389 in 2009, 3,060 in 2010, 4,238 in 2011, 5,584 in 2012 and 6,483 in 2013. Of these 785 (3.6%) proved positive, 19891 were negative, 372 samples were deemed insufficient and 605 were rejected by the laboratory as not indicated. Histological confirmation of coeliac disease was made in 222 patients, however a large proportion of positive serology received no further assessment.

Conclusion

There is an ever increasing number of requests for coeliac serology, costing our local CCG £21,070 in 2013. Despite the positive pick up rate being high at 3.6%, a large number of positive results were not pursued any further, with patients failing to have a definitive diagnosis made. It is important to ensure that there are robust mechanisms of chasing up on hospital results, and acting on them appropriately to prevent delayed or missed diagnoses.

Disclosure of Interest

None Declared.