Transnasal Endoscopy: Seeing is Believing.

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This Letter to the Editor is in response to:
“Emerging Role of Transnasal Endoscopy in Children and Adults” / Nathalie Nguyen.
To the Editor:

Transnasal endoscopy (TNE) has become a viable alternative to standard diagnostic upper gastrointestinal endoscopy in both pediatric and adult patients. In the March issue of Clinical Gastroenterology and Hepatology, Nathalie Nguyen and colleagues describe the background of TNE, benefits and future directions, as well as limitations of the transnasal approach. We do agree with the authors that TNE may hold various advantages over standard upper GI endoscopy and that its full implementation has perhaps been delayed unjustly. However, limitations of TNE are not only related to the smaller working channels of these ultrathin gastroscopes.

Amongst the listed potential uses of TNE, the authors also mention gastritis, gastric carcinoma and Barrett’s esophagus. Similar to the lower gastrointestinal tract, adequate optical diagnosis has revolutionized the approach to upper gastrointestinal neoplasia in the last decade. Adequate visual evaluation of precursor lesions not only relies on operator training and experience, but also depends on the availability of high definition (HD) endoscopy, image enhancement techniques such as virtual chromoendoscopy, as well as image magnification. While it is true that the most recent dedicated gastroscopes provide HD imaging, older ultrathin TNE scopes were clearly limited by image resolution. This could be a potential reason why some colleagues would be less tempted to switch certain procedures to TNE or replace older scopes. As for now, reduced field of view and absence of magnification are still issues that should be mentioned as limitations to modern TNE, especially in the context of characterization of precursor lesions.

As duly mentioned by the authors, we do see clear advantages of TNE for diagnostic upper gastrointestinal procedures aimed at obtaining samples. These diagnostic TNE procedures may optimize patient experience, potentially improve costs and increase ease of access. For now, we wonder whether TNE is ready to be used in the context of upper gastrointestinal neoplasia. As an American writer once said: “It’s not what you look at that matters, it’s what you see”.

References