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Leitlinie/ Algorithmen der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie

Leitlinie Ösophagoskopie

Methodische Vorbemerkung

Die Erstfassung der Leitlinie Ösophagoskopie wurde 1997 erstellt. Entsprechend den methodischen Empfehlungen zur Erarbeitung von Leitlinien für Diagnostik und Therapie der Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF) erfolgten Überarbeitungen 2004 und 2009.

Diese Aktualisierung der Leitlinie erfolgte durch u.g. Autoren. Es wurde eine umfassende, computergestützte Literaturrecherche zum Themengebiet durchgeführt. Als Hauptinformationsquellen dienten dabei: Medline, Cochrane Library. Es wurde die internationale Literatur von 1960 bis 2014 erfasst. Als Suchwörter wurden "flexible Ösophagoskopie", "starre Ösophagoskopie", „Leitlinie“, "flexible esophagoscopy", "rigid esophagoscopy" und „guideline“ eingesetzt.

Alle aktiven Beteiligten wurden um Stellungnahmen gebeten, die in diese Fassung eingearbeitet wurden, die Grundlage der Konsensuskonferenz vom 27.03.2015 in München war. Die Autoren der Leitlinie haben an der Konsensuskonferenz teilgenommen.

Die Leitlinie wurde dem Präsidium der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie vorgelegt, das diese am 16.06.2015 angenommen hat.

Die Aktualität der Leitlinie wird auch nach deren Veröffentlichung in 5-jährigen Abständen überprüft. Dazu notwendige Informationen werden auf der Homepage der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie, sowie der AWMF bekannt gegeben.

Ziele der Leitlinie

Ziel dieser Leitlinie ist die Förderung einer qualitativ hochwertigen fachärztlichen Versorgung von Patientinnen und Patienten mit entzündlichen, verletzungsbedingten, angeborenen, degenerativen und tumorösen Erkrankungen, sowie Fremdkörpern im Bereich des Ösophagus. Da die Leitlinie Ösophagoskopie ein diagnostisches und therapeutisches Verfahren erfasst, verfolgt sie andere Intentionen als Leitlinien zu bestimmten Krankheitsbildern. Sie soll ärztlichem, pflegerischen und technischem Personal in überschaubarer Form eine Hilfestellung zu möglichen Indikationen, Komplikationen, Kontraindikationen und organisatorisch-technischen Abläufen im Arbeitsfeld der Hals-Nasen-Ohren-Heilkunde und seiner Grenzgebiete sein. Sie dient als Hilfestellung für die indikationsbezogene Auswahl des Instrumentes, seine Reinigung und Desinfektion und geht auf Verfahren der Sedierung und Anästhesie ein.

Dies soll in besonderem Maße zur Reduktion der assoziierten krankheitsbedingten Morbidität, zu einem rationellen Einsatz diagnostischer und therapeutischer Verfahren sowie zur Reduktion der krankheitsbedingten sozioökonomischen Faktoren beitragen. Angestrebt wird eine sinnvolle Diagnostik und Therapie auf dem derzeitigen Stand fachlicher Erkenntnisse. Eine lückenlose Darlegung aller speziellen Behandlungsmaßnahmen und Indikationen der Ösophagoskopie liegt jedoch außerhalb der Möglichkeiten dieser Leitlinie. Hierzu wird auf bestehende Leitlinien auch anderer Fachgebiete und die spezifische Literatur verwiesen.

Die Leitlinie wurde konzipiert für die Anwendung im Rahmen der ambulanten und stationären fachärztlichen Versorgung und richtet sich daher im Speziellen an Fachärzte für Hals-Nasen-Ohren-

Heilkunde bzw. deren nachgeordnete Ärzte in der Weiterbildung. Die Leitlinie dient nicht als Ersatz für Lehrbuchinhalte. Sie ist nicht in der Lage, die Kenntnisse des erfahrenen Untersuchers zu ersetzen. Die umfangreiche Literaturliste soll dem Nutzer die Möglichkeit geben, spezielle Fragestellung ohne grossen Aufwand zu recherchieren.

Definition

Unter der Ösophagoskopie versteht man die direkte Betrachtung der Speiseröhre durch ein Endoskop zu diagnostischen und therapeutischen Zwecken.

Ziele der Ösophagoskopie

Die Ösophagoskopie ist ein gering invasives Verfahren, welches in der Hals-Nasen-Ohren-Heilkunde sehr häufig durchgeführt wird. Sie hat die diagnostische Betrachtung und die diagnostische und therapeutische Behandlung von entzündlichen, infektiösen, traumatischen, degenerativen und tumorbedingten Erkrankungen der Speiseröhre, sowie der Entfernung von Fremdkörpern, zum Ziel.

Instrumentarium

Die Ösophagoskopie kann als starre oder als flexible Untersuchung durchgeführt werden. Die Auswahl des Instrumentes richtet sich nach dem Alter des Patienten, der vorliegenden Indikation, aber auch nach der Ausstattung der durchführenden Institution und der Erfahrung des Untersuchers. Flexible Instrumente stellen jedoch heute die erste Wahl dar und die Nutzung der virtuellen Chromoendoskopie ist sinnvoll. Möglichkeiten einer Video- oder Fotodokumentation sollten vorhanden sein und pathologische Befunde sollten in Bildform dokumentiert werden. Die Vor und Nachteile starrer und flexibler Instrumente fasst die nachfolgende Tabelle zusammen.

	Vorteile	Nachteile
starre Instrumente	optimale Sicht proximal größere Biopsien bessere Sicht (Postkrikoidregion)	schwierige Technik i.d.R. Narkose notwendig eingeschränkt bei HWS-Erkrankungen größere Perforationsgefahr
Flexible hochauflösende (HR-) Videoendoskopie	i.d.R. Lokalanästhesie u/o. Analgosedierung leichter erlernbar Einblick in Magen und Duodenum möglich optimales Bild im gesamten Untersuchungsbereich geringe Belastung des Patienten	kleine Biopsien schlechtere Sicht (Postkrikoidregion)

Neue Verfahren, die auch in der HNO Eingang finden, sind die diagnostischen Techniken der **virtuellen** Chromoendoskopie, die Endomikroskopie und die Vergrößerungsendoskopie. An therapeutischen Verfahren existieren neben der photodynamischen Therapie verschiedene Verfahren der Injektionstherapie und thermische Verfahren, (Argonplasmakoagulation, die Anwendung unterschiedlicher Lasertypen) die Bougierung und Ballondilatation und die Einlage von Stents sowohl für die starre als auch für die flexible Ösophagoskopie.

Indikationen

Der Einsatz starrer und/oder flexibler Technik orientiert sich situationsabhängig an der Indikation und der Erfahrung des Untersuchers. Man unterscheidet zwischen diagnostischem und therapeutischem

Eingriff. Häufige Indikationen sind mit Bewertung der Untersuchungstechniken in nachfolgender Tabelle dargestellt.

Indikation	starr	flexibel
Gastroösophagealer Reflux	o	xxx
Ösophagusverätzung	x	xxx
Ösophagitis (infektiös, Arzneimittel, Strahlen)	o	xxx
Motilitätsstörungen (Achalasie, Ring- u. Segelbildungen)	o	xxx
Zenkerdivertikel; diagnostisch	xx	xx
Zenkerdivertikel; therapeutisch	xx	xx
Ösophagusvarizen	o	xxx
Ösophagusperforation	x	xxx
Hypopharynx tumor; postkrikoid	xxx	x
Ösophagustumor; intrathorakal	x	xxx
Ösophagusfremdkörper	xx	xx
Ösophagusbougie	xx	xx
Stenteinlage	x	xxx
postoperative Kontrolle	o	xxx
funktionelle Beurteilung	o	xxx
PEG-Anlage	o	xxx
Panendoskopie	xx	xx

(xxx: Methode der Wahl; xx: gleichwertige Methode;
x: Alternativmethode; o: keine Indikation)

Eine der häufigsten Indikationen stellt die Fremdkörperentfernung dar. Unterschieden werden muss zwischen dem Fremdkörper beim Kind und dem Fremdkörper beim Erwachsenen. Der Fremdkörper ist bei Kindern häufig in der oberen Enge lokalisiert, beim Erwachsenen öfter in der unteren Enge. Fremdkörper beim Kind sind i.d.R. zufällig erreichbare Gegenstände. Beim Erwachsenen stellen der Fleisch- oder Nahrungsbolus, Knochen und Gräten sowie Zahnersatzprothesen häufige Fremdkörper dar. Bei Gefängnisinsassen oder psychiatrischen Patienten muss mit ungewöhnlichen oder auch mehreren Fremdkörpern gerechnet werden, da die Einnahme i.d.R. mit Absicht erfolgt. Drogenkuriere stellen die Endoskopie vor eine besondere Herausforderung.

Die Diagnostik vor einer Intervention bei Fremdkörpern kann je nach Röntgendichte und Perforationsrisiko in einer Röntgenaufnahme der Halsweichteile, des Thorax oder eines Breischluckes bestehen. Isoosmolare Kontrastmittel sind wegen des Aspirationsrisikos zu empfehlen. In seltenen Fällen kann auch eine CT weiterhelfen.

Lässt sich ein Fremdkörper im Ösophagus lokalisieren, so sollte eine Entfernung zeitnahe durchgeführt werden. Während hochsitzende Fremdkörper einfacher für Patient und Untersucher mittels starrer Ösophagoskopie entfernt werden können, lassen sich tief sitzende Fremdkörper leichter und sicherer mit flexibler Ösophagoskopie extrahieren. Bei einem Fleisch- oder Nahrungsbolus kann situationsabhängig in den ersten Stunden nach Ingestion ein Spontanabgang abgewartet werden. Die Wirksamkeit von krampflösenden Medikamenten z.B. Buscopan® (Butylscopolamin) oder Diazepam ist bislang nicht bewiesen, kann aber zeitnahe versucht werden. Bei einem Misserfolg sollte jedoch eine endoskopische Entfernung erfolgen. Diese kann mit Alligator-(Fremdkörper)zangen oder Dormia-Körbchen durchgeführt werden, mit denen sich auch stumpfe Fremdkörper wie Münzen oder Batterien entfernt lassen.

Stumpfe Fremdkörper unter 2 cm Durchmesser, die den Magen erreicht haben, können in Abhängigkeit vom Alter des Patienten einer konservativen Therapie unter radiologischer Verlaufskontrolle zugeführt werden. Eine Ausnahme hiervon betrifft Batterien, die immer entfernt werden sollten.

Eine absolute Notfallindikation besteht bei spitzen und scharfen Fremdkörpern (Nägel, Glasscherben, Rasierklingen, etc.), bei denen auch ein Extraktionsversuch durchgeführt werden sollte, wenn diese den Magen erreicht haben, da in einem Drittel der Fälle eine Perforationsgefahr besteht. Die Entfernung erfolgt immer unter Verwendung einer Latex-Bergekappe. Besondere Vorsicht besteht bei einer Ingestion von in Plastik oder Latex eingewickelten Drogenpäckchen (body packing). In solchen Fällen sollte wenn möglich ein Spontanabgang abgewartet werden, da eine Beschädigung der Päckchen bei der endoskopischen Entfernung für den Patient tödliche Folgen haben kann.

Absolute und relative Kontraindikationen

<i>Therapeutische Ösophagoskopie:</i>	bei akuter lebensbedrohlicher Situation keine, sonst siehe diagnostische Ösophagoskopie
<i>Diagnostische starre Ösophagoskopie:</i>	schlechter AZ, respiratorische Insuffizienz, Blutungsneigung, schwere Begleiterkrankung
<i>Diagnostische flexible Ösophagoskopie:</i> der	inadäquate Oxygenierung während Untersuchung, schwere Koagulopathie, instabile Hämodynamik mit Arrhythmie

Voraussetzungen

	starr	flexibel
Anamnese, Fragestellung, Medikamente	obligat	obligat
Klin. Untersuchung	obligat	obligat
i.v. Zugang	obligat	obligat
Monitoring (RR, EKG, O2)	obligat	obligat
EKG	fakultativ	fakultativ
Gerinnungsstatus	fakultativ	fakultativ
Blutbild	obligat	fakultativ
Röntgenthorax	fakultativ	fakultativ
Ösophagusbreischluck	fakultativ	fakultativ

Anästhesieverfahren

	starr	flexibel
Oberflächenanästhesie (OA)	x	x
Oberflächenanästhesie + Analgesedierung	x	xxx
ITN	xxx	x

(xxx: Methode der Wahl; xx: gleichwertige Methode;
x: Alternativmethode; o: keine Indikation)

Die Sedierung zur Einleitung der Allgemeinanästhesie obliegt der Verantwortlichkeit der Anästhesie. Die Sedierung während Analgesedierung sollte bei kritischen Patienten ebenfalls in Zusammenarbeit mit der Anästhesie erfolgen. Ansonsten orientiert sich die Sedierung nach den Vorgaben der S3-Leitlinie: Sedierung in der gastrointestinalen Endoskopie.

Sowohl der diagnostische oder therapeutische Eingriff als auch die Sedierung sind eigenständige medizinische Verfahren. Es ist daher für jede Endoskopie unter Sedierung erforderlich, dass neben dem endoskopierenden Arzt und seiner Endoskopieassistenten eine weitere Person, die nicht in die

Endoskopie involviert ist, diese Aufgabe zuverlässig wahrnimmt. Diese qualifizierte Person soll in der Überwachung von Patienten, die Sedativa, Hypnotika und/oder Analgetika erhalten, speziell und nachweislich geschult und erfahren sein. Wann immer der Patient ein erhöhtes Risiko aufweist oder ein langwieriger und aufwendiger Eingriff zu erwarten ist, soll ein zweiter, entsprechend qualifizierter Arzt zugegen sein, der ausschließlich die Durchführung und Überwachung der Sedierung sicherstellt. Das Monitoring während der Untersuchung muss dokumentiert werden.

Das Dokumentationsblatt soll eine zeitabhängige Dokumentation der Vitalparameter (Herzfrequenz und Blutdruck), der verwendeten Medikamente mit Namen und Dosierung, sowie der Gabe intravenöser Flüssigkeit enthalten und Angaben darüber machen, ob und in welcher Flussrate der Patient Sauerstoff erhalten hat. Idealerweise sollen periodisch auch der Sedierungsgrad und Schmerzangaben des Patienten dokumentiert werden.

Eine geeignete apparative Ausstattung für Reanimationsmassnahmen sollte zur Verfügung stehen. Dies gilt insbesondere für die Anwendung des Narkotikums Propofol dessen Wirkung nicht antagonisiert werden kann. (53, 54, 55)

Für das häufig als Sedativum eingesetzte Midazolam existiert ein Antidot (Imidazobenzodiazepin (Anexate®), bei dem die kürzere Halbwertszeit im Vergleich zu Midazolam beachtet werden muss.

Endoskopische Technik:

	starr	flexibel
transnasal	o	x
transoral	xx	xx

(xxx:Methode der Wahl; xx: gleichwertige Methode;
x: Alternativmethode; o: keine Indikation)

Lagerung: Linksseitenlage bei transoraler Endoskopie, halbsitzend bei transnasaler Endoskopie

Rückenlage bei ITN (Intubationslaryngoskop kann bei flexibler Untersuchung als Einführhilfe dienen)

Komplikationen:

Komplikationen der Ösophagoskopie sind:

Blutung, Ösophagusläsion/-perforation, Zahnschaden,
Larynxödem, Kehlkopfverletzung, Hypopharynxverletzung, Mediastinitis
Aspiration, Medikamentennebenwirkungen durch LA u./o. Analgosedierung (s.o.)

Kinderösophagoskopie

Die Anwendung der Ösophagoskopie bei kleinen Kindern erfordert große Erfahrung, die nur durch die Durchführung vieler Endoskopien bei grossen Kindern oder Erwachsenen erworben werden kann.

Nachsorge des Patienten:

1h Nahrungskarenz

kardiorespiratorisches Monitoring bis Patient stabil und ausreichend wach

Hinweis auf Verkehrs- und Geschäftsunfähigkeit (24h Fahruntüchtigkeit nach Prämedikation)

auf Schmerzäußerungen achten

Strukturvoraussetzungen:

Apparative, personelle und organisatorische Ausstattung

			starr	flexibel
Personal	Arzt	Facharztstandard	x	x
		Anästhesist	x	o
	Assistenzpersonal	Instrumentier-Fkt.personal	x	x
		Anästhesie-Fkt.personal	x	o
Raum	Eingriffsraum		x	x
Apparative Ausstattung	diagnost. Ösophagoskopie		x	x
	therap. Ösophagoskopie		x	x
Hygiene	mechanische Reinigung		x	x
	Lösungsdeseinfektion		o	x
	Automatendeseinfektion		o	x
	Sterilisation		x	o

(x: erforderlich; (x): wünschenswert; o: nicht erforderlich)

Die Aufbereitung der Instrumente sollte sich an den Vorgaben des RKI orientieren. Für starre Endoskope erfolgt die Aufbereitung nach der RKI-Empfehlung: „Anforderungen an die Hygiene bei der Aufbereitung von Medizinprodukten“ [2001] und für flexible Endoskope erfolgt die Aufbereitung nach der RKI-Empfehlung: „Anforderungen an die Hygiene bei der Aufbereitung flexibler Endoskope und endoskopischen Zusatzinstrumentariums“[2002]

Prozeßvoraussetzungen

Frühzeitige Veranlassung der o. g. Untersuchungsvoraussetzungen. Dokumentation des präoperativen Befundes. Rechtzeitige und ausführliche und differentialtherapeutische schriftlich fixierte Aufklärung unter Abwägung räumlicher, personeller und apparativer Möglichkeiten. Erstellung eines Operationsberichtes. Sicherstellung der Nachbehandlung/Überwachung (v.a. bei ambulanten Eingriffen).

Ergebnisvoraussetzungen

Beteiligung an Qualitätssicherungsmaßnahmen.

Literatur

- 1 Abdalla AA, Petersen BT, Ott BJ, Fredericksen M, Schleck CD, Zinsmeister AR, Grunewald KM, Zais T, Romero Y. Impact of feedback and didactic sessions on the reporting behavior of upper endoscopic findings by physicians and nurses. *Clinical gastroenterology and hepatology* 200703; 3: 326 – 330
- 2 Ackroyd R, Wakefield SE, Williams JL, Stoddard CJ, Reed MW. Surveillance of Barrett's esophagus: a need for guidelines? *Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus / I.S.D.E* 1997; 3: 185 – 189
- 3 Adhikari P, Pradhananga RB, Limbu TR, Baskota DK, Sinha BK. Foreign body pyriform sinus: an unusual presentation. *Nepal Medical College journal : NMCJ* 2007; 2: 141 – 142
- 4 Agha-Mir-Salim P, Beck R, Bloching M, Berghaus A. [Endoscopic treatment of iatrogenic esophageal perforation]. *Laryngo- rhino- otologie* 2000; 1: 39 – 42
- 5 Ahmad I, Batch AJG. Acid reflux management: ENT perspective. *The Journal of laryngology and otology* 2004; 1: 25 – 30
- 6 Alberty J, Müller C, Stoll W. Ist die starre Hypopharyngo-Ösophagoskopie bei Verdacht auf Fremdkörperingestion noch zeitgemäß? *Laryngorhinootologie* 200111; 11: 682 – 686
- 7 Alderson DJ, O'Sullivan DG. Oro-nasal transfer of nasogastric tube following endoscopic placement. *The Journal of laryngology and otology* 1998; 7: 644 – 645
- 8 Ali A. Review of oesophageal foreign bodies in Harare Central Hospital. *East African medical journal* 1999; 6: 355 – 357
- 9 Alobid I, Vilaseca I, Fernández J, Bordas JM. Giant fibrovascular polyp of the esophagus causing sudden dyspnea: endoscopic treatment. *The Laryngoscope* 2007; 5: 944 – 945
- 10 Alobid I, Vilaseca I, Fernández J, Bordas JM. Giant fibrovascular polyp of the esophagus causing sudden dyspnea: endoscopic treatment. *The Laryngoscope* 200705; 5: 944 – 945
- 11 Al-Qudah A, Daradkeh S, Abu-Khalaf M. Esophageal foreign bodies. *European journal of cardio-thoracic surgery : official journal of the European Association for Cardio-thoracic Surgery* 1998; 5: 494 – 498
- 12 Altman JI, Genden EM, Moche J. Fiberoptic endoscopic-assisted diverticulotomy: a novel technique for the management of Zenker's diverticulum. *The Annals of otology, rhinology, and laryngology* 2005; 5: 347 – 351
- 13 Am Bennett, Sharma A, Price T, Montgomery PQ. The management of foreign bodies in the pharynx and oesophagus using transnasal flexible laryngo-oesophagoscopy (TNFLO). *Annals of the Royal College of Surgeons of England* 200801; 1: 13 – 16
- 14 Am Haider-Ali, MacGregor FB, Stewart M. Myasthenia gravis presenting with dysphagia and postoperative ventilatory failure. *The Journal of laryngology and otology* 199812; 12: 1194 – 1195
- 15 Am Olsen. Chevalier Jackson lecture. Esophagology: an update. *The Annals of otology, rhinology, and laryngology* 1982 Nov-Dec; 6 Pt 1: 551 – 557
- 16 Am Sammon, Cotton MH. Early detection of incorrect siting of Procter-Livingstone tube by fibre-optic endoscopy. *South African medical journal* 19890617; 12: 582 – 584
- 17 Amamra N, Touzet S, Colin C, Ponchon T. Current practice compared with the international guidelines: endoscopic surveillance of Barrett's esophagus. *Journal of evaluation in clinical practice* 200710; 5: 789 – 794
- 18 Anagnostopoulos GK, Pick B, Cunliffe R, Fortun P, Kaye P, Ragnath K. Barrett's esophagus specialist clinic: what difference can it make? *Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus / I.S.D.E* 2006; 2: 84 – 87
- 19 Ancona E, Guido E, Cutrone C, Bocus P, Rampado S, Vecchiato M, Salvador R, Donach M, Battaglia G. A new endoscopic technique for suspension of esophageal prosthesis for refractory caustic esophageal strictures. *Diseases of the esophagus* 2008; 3: 262 – 265
- 20 Anderson R, Lee J. Buscopan for oesophageal food bolus impaction. *Emergency medicine journal : EMJ* 2007; 5: 360 – 361
- 21 Andrus JG, Dolan RW, Anderson TD. Transnasal esophagoscopy: a high-yield diagnostic tool. *The Laryngoscope* 2005; 6: 993 – 996
- 22 Anforderungen an die Hygiene bei der Aufbereitung flexibler Endoskope und endoskopischen Zusatzinstrumentariums. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz* 2002; 10: 395 – 411
- 23 Anforderungen an die Hygiene bei der Aufbereitung von Medizinprodukten - Bezug. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz* 200410; 10: 1021-1021-
- 24 Arévalo-Silva C, Eliashar R, Wohlgelernter J, Elidan J, Gross M. Ingestion of caustic substances: a 15-year experience. *The Laryngoscope* 2006; 8: 1422 – 1426
- 25 Armstrong WB, Detar TR, Stanley RB. Diagnosis and management of external penetrating cervical esophageal injuries. *The Annals of otology, rhinology, and laryngology* 1994; 11: 863 – 871
- 26 Asensio JA, Valenziano CP, Falcone RE, Grosh JD. Management of penetrating neck injuries. The controversy surrounding zone II injuries. *The Surgical clinics of North America* 1991; 2: 267 – 296
- 27 Athanassiadi K, Gerazounis M, Metaxas E, Kalantzi N. Management of esophageal foreign bodies: a retrospective review of 400 cases. *European journal of cardio-thoracic surgery : official journal of the European Association for Cardio-thoracic Surgery* 2002; 4: 653 – 656
- 28 Atkins JP, Keane WM, Young KA, Rowe LD. Value of panendoscopy in determination of second primary cancer. A study of 451 cases of head and neck cancer. *Archives of otolaryngology (Chicago, Ill. : 1960)* 1984; 8: 533 – 534
- 29 Aviv JE. Prospective, randomized outcome study of endoscopy versus modified barium swallow in patients

- with dysphagia. *The Laryngoscope* 2000; 4: 563 – 574
- 30 Aviv JE, Parides M, Fellowes J, Close LG. Endoscopic evaluation of swallowing as an alternative to 24-hour pH monitoring for diagnosis of extraesophageal reflux. *The Annals of otology, rhinology & laryngology. Supplement* 2000; 25 – 27
- 31 Bacak BS, Patel M, Tweed E, Danis P. What is the best way to manage GERD symptoms in the elderly? *The Journal of family practice* 2006; 3: 251-4, 258----
- 32 Baciewicz FA, McNevin MS, Farris RH, Madan SK, Muz J. Lymphoscintigraphic technique to image canine esophageal lymph nodes. *Journal of investigative surgery : the official journal of the Academy of Surgical Research*; 5: 265 – 271
- 33 Bacon CK, Hendrix RA. Open tube versus flexible esophagoscopy in adult head and neck endoscopy. *The Annals of otology, rhinology, and laryngology* 1992; 2 Pt 1: 147 – 155
- 34 Bader L, Blumenstock G, Birkner B, Leiß O, Heesemann J, Riemann JF, Selbmann HK. HYGEA (Hygiene in der Gastroenterologie - Endoskop-Aufbereitung). *Z Gastroenterol* 200203; 3: 157 – 170
- 35 Balci AE, Eren S, Eren MN. Esophageal foreign bodies under cricopharyngeal level in children: an analysis of 1116 cases. *Interactive cardiovascular and thoracic surgery* 2004; 1: 14 – 18
- 36 Balkan ME, Ozdülger A, Tastede I. One-stage operation for treatment after delayed diagnosis of thoracic esophageal perforation. *Scandinavian cardiovascular journal : SCJ* 1997; 2: 111 – 115
- 37 Ballesta-López C, Poves I, Bettónica C, Fuertes F, Espinós JC. Emergency laparoscopic treatment for acute massive bleeding of an esophageal ulcer. *Surgical endoscopy* 2003; 1: 161---
- 38 Bardhan KD, Berghöfer P. Look--but also listen! ReQuest: an essay on a new validated scale to assess the outcome of GERD treatment. *Digestion* 2007: 87 – 100
- 39 Barr RJ, Hannon DG, Adair IV, McCoy GF. Cervical osteomyelitis after rigid oesophagoscopy: brief report. *The Journal of bone and joint surgery. British volume* 1988; 1: 147 – 148
- 40 Barrière E, Calès P. [How to prevent the first variceal bleeding?]. *Gastroentérologie clinique et biologique* 2004: B208-17----
- 41 Basavaraj S, Penumetcha KR, Cable HR, Umapathy N. Buscopan in oesophageal food bolus: is it really effective? *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 2005; 7: 524 – 527
- 42 Basavaraj S, Penumetcha KR, Cable HR, Umapathy N. Buscopan in oesophageal food bolus: is it really effective? *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 2005; 7: 524 – 527
- 43 Basha SI, Durham LH. An unusual case of dysphagia: retained Groningen valve. *The Journal of laryngology and otology* 2002; 5: 392 – 394
- 44 Baumhoer D, Ramadori G. [Esophageal carcinoma -- current status in diagnosis and therapy]. *Zeitschrift für Gastroenterologie* 2005; 4: 399 – 409
- 45 Becker BC, Nielsen TG. [Foreign bodies in the airways and esophagus in children]. *Ugeskrift for laeger* 1994; 30: 4336 – 4339
- 46 Belafsky PC, Rees CJ. Functional esophagoscopy: endoscopic evaluation of the oesophageal phase of deglutition. *The Journal of laryngology and otology* 2009: 1 – 4
- 47 Bendig DW. Removal of blunt esophageal foreign bodies by flexible endoscopy without general anesthesia. *American journal of diseases of children (1960)* 1986; 8: 789 – 790
- 48 Bendtsen F, Becker PU. [Treatment of esophageal varices]. *Ugeskrift for laeger* 2001; 11: 1552 – 1556
- 49 Benedetti G, Sablich R, Bonea M, Mariuz S. Fiberoptic endoscopic resection of symptomatic leiomyoma of the upper esophagus. Case report. *Acta chirurgica Scandinavica* 1990 Nov-Dec; 11-12: 807 – 808
- 50 Benito Navarro JR, del Cuvillo Bernal A, Porras Alonso E. [Esophageal foreign bodies. Our ten years of experience]. *Acta otorrinolaringológica española* 2003; 4: 281 – 285
- 51 Benjamin B, Pham T. Diagnosis of H-type tracheoesophageal fistula. *Journal of pediatric surgery* 1991; 6: 667 – 671
- 52 Benjamin B, Robb P, Glasson M. Esophageal stricture following esophageal atresia repair: endoscopic assessment and dilation. *The Annals of otology, rhinology, and laryngology* 1993; 5: 332 – 336
- 53 Bennett AMD, Sharma A, Price T, Montgomery PQ. The management of foreign bodies in the pharynx and oesophagus using transnasal flexible laryngo-oesophagoscopy (TNFLO). *Annals of the Royal College of Surgeons of England* 2008; 1: 13 – 16
- 54 Berger D, Produit S, Gertsch P. Die Behandlung der Osophagusvarizen bei Kindern durch Sklerotherapie.; Treatment of esophageal varices in children by sclerotherapy. *Zeitschrift für Kinderchirurgie* 198606; 3: 156 – 159
- 55 Berggreen PJ, Harrison E, Sanowski RA, Ingebo K, Noland B, Zierer S. Techniques and complications of esophageal foreign body extraction in children and adults. *Gastrointestinal endoscopy* 1993 Sep-Oct; 5: 626 – 630
- 56 Bersani G, Rossi A, Suzzi A, Ricci G, Fabritiis G, Alvisi V. Comparison between the two systems to evaluate the appropriateness of endoscopy of the upper digestive tract. *The American journal of gastroenterology* 2004; 11: 2128 – 2135
- 57 Bhatnagar V, Lal R, Srinivas M, Agarwala S, Mitra DK. Endoscopic treatment of tracheoesophageal fistula using electrocautery and the Nd:YAG laser. *Journal of pediatric surgery* 1999; 3: 464 – 467
- 58 Bhayani MK, Smith AD, Baroody FM, Liu D, Suskind D. Distal esophageal foreign bodies: Is it a common occurrence post-fundoplication requiring immediate intervention? *International journal of pediatric*

otorhinolaryngology 2009: ---

- 59 *Bialek A, Szulc P, Marlicz K.* [Endoscopic septotomy treatment of Zenker's diverticulum]. *Polskie archiwum medycyny wewnetrznej* 2006; 1: 658 – 662
- 60 *Bialek A, Szulc P, Marlicz K.* Terapia uchyłka Zenkera metoda septotomii endoskopowej.; Endoscopic septotomy treatment of Zenker's diverticulum. *Polskie archiwum medycyny wewnetrznej* 2006; 1: 658 – 662
- 61 *Bingham BJ, Drake-Lee A, Chevretton E, White A.* Pitfalls in the assessment of dysphagia by fiberoptic oesophagogastrosopy. *Annals of the Royal College of Surgeons of England* 1987; 1: 22 – 23
- 62 *Birkner BR, Bader L, Blumenstock G, Riemann JF, Selbmann HK.* Qualität der Hygiene bei der Endoskop-Aufbereitung--die Grundlage eines indikatorengestützten Qualitätsmanagements in der Gastroenterologie. *Zeitschrift für ärztliche Fortbildung und Qualitätssicherung* 2003; 3: 227 – 232
- 63 *Bloom J, Rapoport Y, Zikk D.* Dairy products containers as a source of unusual esophageal foreign bodies. *The Journal of otolaryngology* 1988; 7: 404 – 408
- 64 *Boix J, Planas R, Llorente C, Casals A, Romeu J, León R, Humbert P.* [Emergency endoscopic sclerosis in active hemorrhage caused by esophageal varices: analysis of 31 cases]. *Revista clínica española* 1989; 7: 357 – 359
- 65 *Bornman PC, Kahn D, Terblanche J, Worthley C, Spence RA, Krige JJ.* Rigid versus fiberoptic endoscopic inspection sclerotherapy. A prospective randomized controlled trial in patients with bleeding esophageal varices. *Annals of surgery* 1988; 2: 175 – 178
- 66 *BOROS E.* Flexible tube esophagoscopy. *Gastroenterology* 1948; 6: 879 – 882
- 67 *BOROS E.* Flexible tube esophagoscopy: its importance to the surgeon. *The Journal of the International College of Surgeons* 1950; 6: 737 – 740
- 68 *BOROS E.* Present status of flexible tube esophagoscopy. *The Review of gastroenterology* 1950; 4: 248 – 250
- 69 *BOROS E.* A present day survey of flexible tube esophagoscopy. *The American journal of gastroenterology* 1957; 4: 385 – 388
- 70 *Boyer J, Laugier R, Chemali M, Arpurt JP, Boustière C, Canard JM, Dalbies PA, Gay G, Escourrou J, Napoléon B, Palazzo L, Ponchon T, Richard-Mollard B, Sautereau D, Tucac G, Vedrenne B.* French Society of Digestive Endoscopy SFED guideline: monitoring of patients with Barrett's esophagus. *Endoscopy* 2007; 9: 840 – 842
- 71 *Brady PG.* Esophageal foreign bodies. *Gastroenterology clinics of North America* 1991; 4: 691 – 701
- 72 *Brady PG, Johnson WF.* Removal of foreign bodies: the flexible fiberoptic endoscope. *Southern medical journal* 1977; 6: 702 – 704
- 73 *Brant CQ, Siqueira ES, Ferrari AP.* Botulinum toxin for oropharyngeal dysphagia: case report of flexible endoscope-guided injection. *Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus / I.S.D.E* 1999; 1: 68 – 73
- 74 *Bremner CG.* South African Gastro-enterology Society guidelines for oesophageal endoscopy. *South African medical journal* 1992; 7: 370 – 372
- 75 *Bressler B, Pinto R, El-Ashry D, Heathcote EJ.* Which patients with primary biliary cirrhosis or primary sclerosing cholangitis should undergo endoscopic screening for oesophageal varices detection? *Gut* 2005; 3: 407 – 410
- 76 *Brichon PY, Couraud L, Velly JF, Martigne C, Clerc F.* Les perforations et ruptures de l'oesophage. A propos de trente-cinq cas.; Perforation and rupture of the esophagus. Apropos of 35 cases. *Annales de chirurgie* 1990; 6: 464 – 470
- 77 *Brunello DL, Mandikos MN.* A denture swallowed. Case report. *Australian dental journal* 1995; 6: 349 – 351
- 78 *Brunner G, Harke U.* Therapie blutender Ösophagusvarizen. Ergebnisse einer kombinierten internistischen und endoskopisch selektiv intravasalen Sklerosierungstherapie.; Treatment of bleeding oesophageal varices. Results of combined medical and endoscopically selective intravascular sclerotherapy. *Deutsche medizinische Wochenschrift* 1982; 47: 1791 – 1795
- 79 *Brusis T, Luckhaupt H.* Zur Geschichte der Oesophagoskopie.; History of esophagoscopy. *Laryngo- rhinotologie* 1991; 2: 105 – 108
- 80 *BURGE H.* Flexible oesophagoscope. *Lancet* 1952; 6708: 595---
- 81 *Buzás G.* [The role of Orvosi Hetilap in the development of Hungarian gastroenterology. Part 1: 1857-1904]. *Orvosi hetilap* 2007; 41: 1939 – 1945
- 82 *Bytzer P.* Goals of therapy and guidelines for treatment success in symptomatic gastroesophageal reflux disease patients. *The American journal of gastroenterology* 2003; 3 Suppl: S31-9----
- 83 *Cadiot G.* [Endoscopy and surveillance of Barrett's esophagus]. *Gastroentérologie clinique et biologique*; 8-9: 689 – 691
- 84 *Cai C, Siow J, Yeo S, Yeak C.* [Migrating pharyngeal and cervical esophageal foreign bodies]. *Lin chuang er bi yan hou ke za zhi = Journal of clinical otorhinolaryngology* 2003; 11: 648 – 649
- 85 *Calès P, Oberti F, Bernard-Chabert B, Payen J.* Evaluation of Baveno recommendations for grading esophageal varices. *Journal of hepatology* 2003; 4: 657 – 659
- 86 *Carmona-Sánchez R, Facha-García MT, Valdovinos-Díaz MA.* [Why is the esophageal pH-metry required? Comparison with the recommendations of the American Association of Gastroenterology for its correct use]. *Revista de gastroenterología de México*; 2: 93 – 96
- 87 *Catalano F, Terminella C, Grillo C, Biondi S, Zappalà M, Bentivegna C.* Prevalence of oesophagitis in patients with persistent upper respiratory symptoms. *The Journal of laryngology and otology* 2004; 11: 857 –

- 861
- 88 Chaikhouni A, Kratz JM, Crawford FA. Foreign bodies of the esophagus. *The American surgeon* 1985; 4: 173 – 179
- 89 Charters P, Jones AS. Pivoting larynx--an unusual clinical observation at laryngoscopy. *British journal of anaesthesia* 1990; 3: 424 – 426
- 90 Chavrier Y, Revillon Y. Les fistules oesotrachéales congénitales chez l'enfant.; Congenital tracheoesophageal fistulas in children. *Chirurgie pédiatrique* 1984; 4-5: 228 – 233
- 91 Chee LW, Sethi DS. Diagnostic and therapeutic approach to migrating foreign bodies. *The Annals of otology, rhinology, and laryngology* 1999; 2: 177 – 180
- 92 Chen AY, Callender D, Mansyur C, Reyna KM, Limitone E, Goepfert H. The impact of clinical pathways on the practice of head and neck oncologic surgery: the University of Texas M. D. Anderson Cancer Center Experience. *Archives of otolaryngology--head & neck surgery* 2000; 3: 322 – 326
- 93 Cherkhovskaia NE, Folomeev VN, Loginova TA. [The role of fiber endoscopy in the treatment of patients with chronic stenosis of the hollow organs of the neck]. *Grudnaia i serdechno-sosudistaia khirurgiia / Ministerstvo zdravookhraneniia SSSR [i] Vsesoiuznoe nauchnoe obshchestvo khirurgov*; 6: 77 – 78
- 94 Chistiakova VR. [Dysphagia in infants]. *Vestnik otorinolaringologii*; 5: 19 – 21
- 95 Choy AT, Gluckman PG, Tong MC, van Hasselt CA. Flexible nasopharyngoscopy for fish bone removal from the pharynx. *The Journal of laryngology and otology* 1992; 8: 709 – 711
- 96 Christiaens P, Roock W, van Olmen A, Moons V, D'Haens G. Treatment of Zenker's diverticulum through a flexible endoscope with a transparent oblique-end hood attached to the tip and a monopolar forceps. *Endoscopy* 2007; 2: 137 – 140
- 97 Chua YKD, See JY, Ti TK. Oesophageal-impacted denture requiring open surgery. *Singapore medical journal* 2006; 9: 820 – 821
- 98 Chung CH, Fung WT. Detection of gastric drug packet by ultrasound scanning. *European journal of emergency medicine : official journal of the European Society for Emergency Medicine* 2006; 5: 302 – 303
- 99 Cohen J, Safdi MA, Deal SE, Baron TH, Chak A, Hoffman B, Jacobson BC, Mergener K, Petersen BT, Petrini JL, Rex DK, Faigel DO, Im Pike. Quality indicators for esophagogastroduodenoscopy. *The American journal of gastroenterology* 2006; 4: 886 – 891
- 100 Collins C, Arumugasamy M, Larkin J, Martin S, O'Sullivan GC. Thoracoscopic repair of instrumental perforation of the oesophagus: first report. *Irish journal of medical science* 2002 Apr-Jun; 2: 68 – 70
- 101 Colombo-Benkmann M, Unruh V, Kocher T, Krieglstein C, Senninger N. Aktuelle Behandlungskonzepte des Zenker-Divertikels--Indikationen und Ergebnisse.; Modern treatment options for Zenker's diverticulum: indications and results. *Zentralblatt für Chirurgie* 2003; 3: 171 – 186
- 102 Condado MA, Morais D, Carranza MA, Martín M. [Iatrogenic foreign body of the esophagus]. *Anales otorinolaringológicos ibero-americanos* 1992; 5: 449 – 454
- 103 Cosentino F, Valadà F, Bosco R, Giuliano MC, Laudani A, Percolla S, Franco S. Monitoraggio ECGD sec. Holter in esofagogastroduodenoscopia. Premedicazione con tiropramide. Note preliminari.; Holter's ECG monitoring in esophagogastroduodenoscopy. Premedication with tiropramide. Preliminary notes. *Minerva dietologica e gastroenterologica* 1989 Jan-Mar; 1: 31 – 34
- 104 Costamagna G, Iacopini F, Tringali A, Marchese M, Spada C, Familiari P, Mutignani M, Bella A. Flexible endoscopic Zenker's diverticulotomy: cap-assisted technique vs. diverticuloscope-assisted technique. *Endoscopy* 2007; 2: 146 – 152
- 105 Costantini M, Zaninotto G, Rizzetto C, Narne S, Ancona E. Oesophageal diverticula. Best practice & research. *Clinical gastroenterology* 2004; 1: 3 – 17
- 106 Curvers WL, Festen HP, Hameeteman W, Meijer GA, Peters FTM, Siersema PD, Tilanus HW, Bergman JJGHM. [Current surveillance policy for Barrett's oesophagus in the Netherlands]. *Nederlands tijdschrift voor geneeskunde* 2007; 34: 1879 – 1884
- 107 Dammer R, Bonkowski V, Kutz R, Friesenecker J, Schüsselbauer T. Die Früherkennung von Mehrfachtumoren bei der Primärdiagnostik oraler Karzinome mit Hilfe der Panendoskopie.; Early detection of multiple tumors in primary diagnosis of oral carcinomas using panendoscopy. *Mund-, Kiefer- und Gesichtschirurgie* 1999; 2: 61 – 66
- 108 Dammer R, Bonkowski V, Kutz R, Friesenecker J, Schuesselbauer T. Early diagnosis of additional tumors at diagnosis of primary oral carcinoma using panendoscopy. *Mund-, Kiefer- und Gesichtschirurgie* 1999; 2: 61 – 66
- 109 Das D, Ishaq S, Harrison R, Kosuri K, Harper E, Decaestecker J, Sampliner R, Attwood S, Barr H, Watson P, Moayyedi P, Jankowski J. Management of Barrett's esophagus in the UK: overtreated and underbiopsied but improved by the introduction of a national randomized trial. *The American journal of gastroenterology* 2008; 5: 1079 – 1089
- 110 Das D, Ishaq S, Harrison R, Kosuri K, Harper E, Decaestecker J, Sampliner R, Attwood S, Barr H, Watson P, Moayyedi P, Jankowski J. Management of Barrett's esophagus in the UK: overtreated and underbiopsied but improved by the introduction of a national randomized trial. *The American journal of gastroenterology* 2008; 5: 1079 – 1089
- 111 De La Hunt MN, Jackson CR, Wright C. Heterotopic gastric mucosa in the upper esophagus after repair of atresia. *Journal of pediatric surgery* 2002; 5: E14---
- 112 Degen L, Beglinger C. Moderne gastroenterologische Diagnostik von Ösophaguserkrankungen.; Diagnostic procedures in esophageal diseases. *Therapeutische Umschau. Revue thérapeutique* 2003; 3: 125 – 127
- 113 Delforge M, Plomteux O, Delfosse V, Fontaine F, Louis E. [Barrett's esophagus: overview]. *Revue médicale de Liège* 2002; 8: 535 – 545

- 114 *DeMeester TR, Skinner DB, Evans RH, Benson DW*. Local nerve block anesthesia for peroral endoscopy. *The Annals of thoracic surgery* 1977; 3: 278 – 283
- 115 *Demos NJ, Smith N, Williams D*. A gastroplasty for short esophagus and reflux esophagitis: experimental and clinical studies. *Annals of surgery* 1975; 2: 178 – 181
- 116 *den Hertog E*. [Endoscopic removal of foreign bodies from cats or dogs]. *Tijdschrift voor diergeneeskunde*; 14-15: 434 – 439
- 117 *Derowe A, Ophir D*. Negative findings of esophagoscopy for suspected foreign bodies. *American journal of otolaryngology* 1994 Jan-Feb; 1: 41 – 45
- 118 *Doctor VS, Enepekides DJ, Farwell DG, Belafsky PC*. Transnasal oesophagoscopy-guided in-office secondary tracheoesophageal puncture. *The Journal of laryngology and otology* 2008; 3: 303 – 306
- 119 *Donald PJ, Eibling DL, DeSanto LW*. Carcinoma of the oral cavity in a young woman. *Head & neck* 1994 Mar-Apr; 2: 196 – 200
- 120 *Dwyer RM, Haverback BJ, Bass M, Cherlow J*. Laser-induced hemostasis in the canine stomach. Use of a flexible fiberoptic delivery system. *JAMA : the journal of the American Medical Association* 1975; 5: 486 – 489
- 121 *Easter DW, Yurek M, Johnson G*. Long-term retention of endoscopically placed hydrogel prostheses at the lower esophageal sphincter in pigs. *Surgical endoscopy* 2004; 3: 448 – 451
- 122 *Eastman MC, Sali A*. Modern treatment of oesophageal strictures. *The Medical journal of Australia* 1980; 3: 129 – 130
- 123 *Edens ET*. Insufflation esophagoscopy. *The Annals of otology, rhinology, and laryngology* 1978 Jul-Aug; 4 Pt 1: 551 – 553
- 124 *Edens ET, van Overbeek JJ*. A simple endoscopic intubation technique in esophageal obstruction. *The Annals of otology, rhinology, and laryngology* 1982 Nov-Dec; 6 Pt 1: 602 – 604
- 125 *Eisen GM, Dominitz JA, Faigel DO, Goldstein JL, Kalloo, Petersen, BT, Raddawi HM, Ryan ME, Vargo J3, Young HS, Fanelli RD, Hyman, NH, Wheeler-Harbaugh J*. Ethnic issues in endoscopy. *Gastrointestinal endoscopy* 200106; 7: 874 – 875
- 126 *Eisen GM, Lieberman D, Fennerty MB, Sonnenberg A*. Screening and surveillance in Barrett's esophagus: a call to action. *Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association* 2004; 10: 861 – 864
- 127 *El-Hawrani AS, McCluney NA, Lee MSW, Clarke JKV, McKerrow WS*. Diagnostic and therapeutic use of the flexible nasendoscope in the management of an impacted upper oesophageal food bolus. *The Journal of laryngology and otology* 2004; 11: 882 – 884
- 128 *Eliashar R, Dano I, Dangoor E, Braverman I, Sichel JY*. Computed tomography diagnosis of esophageal bone impaction: a prospective study. *The Annals of otology, rhinology, and laryngology* 1999; 7 Pt 1: 708 – 710
- 129 *Eliashar R, Sichel JY, Dano I, Braverman I*. Removal of a sharp esophageal foreign body using a rigid esophagoscope and a Foley catheter. *The Journal of otolaryngology* 1998; 5: 307 – 308
- 130 *Elleson DA, Rowley SD*. Esophageal perforation: its early diagnosis and treatment. *The Laryngoscope* 1982; 6 Pt 1: 678 – 680
- 131 *El-Mustafa OM*. An experience of rigid esophagoscopy in 294 cases. *Saudi medical journal* 2001; 2: 176 – 177
- 132 *Er M, Metin ER*. An unusual foreign body of the esophagus. *Asian cardiovascular & thoracic annals* 2005; 1: 70 – 71
- 133 *Evrard S, Le Moine O, Hassid S, Devière J*. Zenker's diverticulum: a new endoscopic treatment with a soft diverticuloscope. *Gastrointestinal endoscopy* 2003; 1: 116 – 120
- 134 *Fatimi SH, Sheikh S, Ali AA*. Primary repair of an esophageal rupture using pleural flap. *Journal of the College of Physicians and Surgeons--Pakistan : JCPSP* 2006; 4: 309 – 310
- 135 *Ferreira LEVVC, Simmons DT, Baron TH*. Zenker's diverticula: pathophysiology, clinical presentation, and flexible endoscopic management. *Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus / I.S.D.E* 2008; 1: 1 – 8
- 136 *Fibbe C, Keller J, Layer P*. Gastroösophageale Refluxkrankheit: Was ist wichtig für die Praxis? Kurzfassung der Leitlinie der Deutschen Gesellschaft für Verdauungs- und Stoffwechselkrankheiten (DGVS).; Short practice guideline for the management of gastroesophageal reflux disease. *Deutsche medizinische Wochenschrift* 20050826; 34-35: 1970 – 1973
- 137 *Flendrig JA, Brinkman WF, Driessen WM, van Tongeren JH*. [Dysphagia and esophagoscopy; the use of the flexible fiber esophagoscope for the diagnosis of tumors in the distal part of the esophagus and in the cardia]. *Nederlands tijdschrift voor geneeskunde* 1974; 38: 1433 – 1438
- 138 *Flowers JL, Graham SM, Ugarte MA, Sartor WM, Rodriquez A, Gens DR, Imbembo AL, Gann DS*. Flexible endoscopy for the diagnosis of esophageal trauma. *The Journal of trauma* 1996; 2: 261-5; discussion 265-6--
- 139 *Foster MA, Attwood SEA*. Current guidelines fail young patients with oesophagogastric cancer. *Gut* 2002; 2: 296 – 297
- 140 *FRIEDMAN E, KATZ D, SELESNICK S*. Flexible esophagoscopy. *New York state journal of medicine* 1958; 3: 351 – 353
- 141 *FRIEDMAN E, KATZ D, SELESNICK S*. Endoscopy with the flexi-rigid esophagoscope. *Postgraduate medicine* 1959; 3: 274 – 276
- 142 *Friedman HB, Sullivan BH*. Esophagoscopy with the flexible fiberoptic esophagoscope: report of 105 examinations. *Gastrointestinal endoscopy* 1968; 2: 96 – 99
- 143 *Gans SL*. A new look at pediatric endoscopy. *Postgraduate medicine* 1977; 4: 91 – 100
- 144 *Garcia NM, Thompson JW, Shaul DB*. Definitive localization of isolated tracheoesophageal fistula using

- bronchoscopy and esophagoscopy for guide wire placement. *Journal of pediatric surgery* 1998; 11: 1645 – 1647
- 145 *Gaumann DM, Tassonyi E, Fathi F, Griessen M.* Effects of topical laryngeal lidocaine on sympathetic response to rigid panendoscopy under general anesthesia. *ORL; journal for oto-rhino-laryngology and its related specialties* 1992; 1: 49 – 53
- 146 *Giard RWM, Coebergh JWW, Ouwendijk RJT.* [Revision needed of follow-up policy for Barrett's esophagus]. *Nederlands tijdschrift voor geneeskunde* 2002; 4: 150 – 154
- 147 *Gilat T, Rozen P.* Fiberoptic endoscopic diagnosis and treatment of a congenital esophageal diaphragm. *The American journal of digestive diseases* 1975; 8: 781 – 785
- 148 *Giordano A, Adams G, Boies L, Meyerhoff W.* Current management of esophageal foreign bodies. *Archives of otolaryngology (Chicago, Ill. : 1960)* 1981; 4: 249 – 251
- 149 *Gitzelmann CA, Gysin C, Weiss M.* Dorsal flexion of head and neck for rigid oesophagoscopy--a caution for hidden foreign bodies dropped into the epipharynx. *Acta anaesthesiologica Scandinavica* 2003; 9: 1178 – 1179
- 150 *Glaws WR, Etkorn KP, Wenig BL, Zulfiqar H, Wiley TE, Watkins JL.* Comparison of rigid and flexible esophagoscopy in the diagnosis of esophageal disease: diagnostic accuracy, complications, and cost. *The Annals of otology, rhinology, and laryngology* 1996; 4: 262 – 266
- 151 *Gmeiner D, Rahden BHA, Meco C, Hutter J, Oberascher G, Stein HJ.* Flexible versus rigid endoscopy for treatment of foreign body impaction in the esophagus. *Surgical Endoscopy - And Other Interventional Techniques Official Journal of the Society of American Gastrointestinal and Endoscopic Surgeons* 2007; 11: 2026 – 2029
- 152 *Godzhello EA.* [Treatment of cicatricial esophageal strictures and esophageal anastomoses by using flexible endoscopes]. *Vestnik Rossijskoj akademii meditsinskikh nauk / Rossijskaia akademiia meditsinskikh nauk* 1998; 6: 36 – 39
- 153 *Goenka AS, Dasilva MS, Cleghorn GJ, Patrick MK, Shepherd RW.* Therapeutic upper gastrointestinal endoscopy in children: an audit of 443 procedures and literature review. *Journal of gastroenterology and hepatology*; 1: 44 – 51
- 154 *Goldblum JR, Rice TW, Zuccaro G, Richter JE.* Granular cell tumors of the esophagus: a clinical and pathologic study of 13 cases. *The Annals of thoracic surgery* 1996; 3: 860 – 865
- 155 *Goldman LP, Weigert JM.* Corrosive substance ingestion: a review. *The American journal of gastroenterology* 1984; 2: 85 – 90
- 156 *Golz A, Gordin A, Netzer A.* [Safe extraction of an impacted open safety pin from the esophagus: a new technique and five case studies]. *Harefuah* 2006; 8: 565-8, 631---
- 157 *Gómez C, Achiques A, Delgado M, Tovar M, Barrios C, Hernández A, Anton R, Rivas GA.* Manejo precoz de los cuerpos extraños en el tracto digestivo superior con fibroendoscopia flexible.; Early management of foreign bodies in the upper digestive tract with flexible fiberendoscopy. *G.E.N* 1989 Apr-Jun; 2: 100 – 103
- 158 *Gorokhov LI, Tsepele IA.* [Experience with esophagogastrosopy using a flexible Soviet fiber optics device]. *Meditsinskaia tekhnika*; 5: 49 – 52
- 159 *Goto S, Ikeda K, Adachi M, Tanno N, Takasaka T.* [Statistical analysis of press-through-pack foreign body in the esophagus and its experimental investigation]. *Nippon Jibiinkoka Gakkai kaiho* 1995; 5: 805 – 812
- 160 *Gouveris HT, Mann WJ, Lippert BM.* Successful rigid endoscopic removal of an esophageal subtotally covered nitinol stent 11 months after initial placement. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 2008: ---
- 161 *Grannis FW.* Combined bronchoscopy and esophagoscopy using a flexible fiberoptic bronchoscope. *Chest* 1985; 2: 261---
- 162 *Greene MA, Alexander JA, Knaut DG, Talbert J, Langham M, Kays D, Ledbetter D.* Endoscopic evaluation of the esophagus in infants and children immediately following intraoperative use of transesophageal echocardiography. *Chest* 1999; 5: 1247 – 1250
- 163 *Greene FL, Boulware RJ, Bianco J.* Role of esophagogastrosopy in application and follow-up of high-dose-rate brachytherapy (HDRB) for treatment of esophageal carcinoma. *Surgical laparoscopy & endoscopy* 1995; 6: 425 – 430
- 164 *Griswold FC, Haislip CE, Gardner RJ.* Removal of an intragastric foreign body using the flexible fiberoptic esophagoscope. *Gastrointestinal endoscopy* 1973; 4: 194 – 195
- 165 *Grossman TW, Kita MS, Toohill RJ.* The diagnostic accuracy of pharyngoesophagram compared to esophagoscopy in patients with head and neck cancer. *The Laryngoscope* 1987; 9: 1030 – 1032
- 166 *Grund KE.* [Percutaneous endoscopic gastrostomy (PEG)]. *Praxis* 2002; 20: 892 – 900
- 167 *Guideline at-a-glance. ACG-revised GERD guidelines focus on proper use of drugs. Geriatrics* 2005; 5: 18- ---
- 168 *Güitrón CJA, Adalid MR, Sánchez VA, Sánchez MT.* Carcinoma de esófago: evaluación clínica, radiológica, endoscópica e histológica. Experiencia en la ciudad de Torreón, Coahuila.; Carcinoma of the esophagus: clinical, radiologic, endoscopic, and histologic evaluation. Experience in Torreón City, Coahuila. *Revista de gastroenterología de México* 1991 Jan-Mar; 1: 17 – 21
- 169 *Güitrón A, Adalid R, Huerta F, Macías M, Sánchez-Navarrete M, Nares, J.* Extracción de cuerpos extraños en el esófago. Experiencia en 215 casos.; Extraction of foreign bodies in the esophagus. Experience in 215 cases. *Revista de gastroenterología de México* 1996 Jan-Mar; 1: 19 – 26
- 170 *Gutiérrez C, López J, Barrios JE, Valdés E, Ayuso L, Cousello M, Hernández E, Marijuan V, Agustín JC,*

- García-Sala C. [Endoscopic treatment of recurrent tracheoesophageal fistula]. *Cirugía pediátrica : organo oficial de la Sociedad Española de Cirugía Pediátrica* 2008; 3: 130 – 134
- 171 Haider-Ali AM, MacGregor FB, Stewart M. Myasthenia gravis presenting with dysphagia and postoperative ventilatory failure. *The Journal of laryngology and otology* 1998; 12: 1194 – 1195
- 172 Hansen LT, Grøntved A. [Foreign body in the esophagus]. *Ugeskrift for læger* 1994; 30: 4333 – 4335
- 173 Hansen LT, Grøntved A. Corpus alienum esophagi.; Foreign body in the esophagus. *Ugeskrift for læger* 1994; 30: 4333 – 4335
- 174 Harrison ME, Sanowski RA. Mercury bougie dilation of benign esophageal strictures. *Hepato-gastroenterology* 1992; 6: 497 – 501
- 175 Hatzitheofilou C, Kakoyiannis S, Charalambides D, Degiannis E, Ross J, Demetriades D. Iatrogenic oesophageal perforations in patients with cancer of the oesophagus. *South African journal of surgery. Suid-Afrikaanse tydskrif vir chirurgie* 1993; 3: 90 – 93
- 176 Heading RC, Spechler S, Malfertheiner P. Debate: endoscopy is unnecessary in the management of uncomplicated GERD. *Drugs of today (Barcelona, Spain : 1998)* 2006: 15 – 21
- 177 Heidelbaugh JJ, Gill AS, van Harrison R, Nostrant TT. Atypical presentations of gastroesophageal reflux disease. *American family physician* 2008; 4: 483 – 488
- 178 Hendrix RA, Ferouz A, Bacon CK. Admission planning and complications of direct laryngoscopy. *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery* 1994; 6: 510 – 516
- 179 Henry JP, Lenaerts A, Ligny G. [Diagnosis and treatment of gastroesophageal reflux in the adult: guidelines recommended by French and Belgian consensus]. *Revue médicale de Bruxelles* 2001; 1: 27 – 32
- 180 Hentschel E, Dittrich H, Weiss W. Retrograde oesophagoscopy via gastrostomy. *Endoscopy* 1976; 1: 38 – 40
- 181 Heran MKS, Baird R, Blair GK, Skarsgard ED. Topical mitomycin-C for recalcitrant esophageal strictures: a novel endoscopic/fluoroscopic technique for safe endoluminal delivery. *Journal of pediatric surgery* 2008; 5: 815 – 818
- 182 Heran MK, Baird R, Blair GK, Skarsgard ED. Topical mitomycin-C for recalcitrant esophageal strictures: a novel endoscopic/fluoroscopic technique for safe endoluminal delivery. *Journal of pediatric surgery* 2008; 5: 815 – 818
- 183 Herranz-Gonzalez J, Martinez-Vidal J, Garcia-Sarandeses A, Vazquez-Barro C. Esophageal foreign bodies in adults. *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery* 1991; 5: 649 – 654
- 184 Heumann H, Pfeilmeier G. Die Ösophagusverätzung.; Acid burns in the oesophagus. *Laryngo- rhino- otologie* 2002; 6: 430 – 433
- 185 HIRSCHOWITZ BI. A FIBRE OPTIC FLEXIBLE CESOPHAGOSCOPE. *Lancet* 1963; 7304: 388---
- 186 Hoffman HT, Baker SR. Tracheostoma diverticulum following tracheoesophageal puncture. *Archives of otolaryngology--head & neck surgery* 1990; 9: 1074 – 1076
- 187 HOLINGER PH, JOHNSTON KC. A combined rigid esophagoscope and gastroscope. *Transactions of the ... Annual Meeting of the American Broncho-Esophagological Association. American Broncho-Esophagological Association. Meeting 1952; 32nd Meeting: 20 – 21*
- 188 Hongo M. GERD guideline. *Nippon rinsho. Japanese journal of clinical medicine* 2004; 8: 1421 – 1426
- 189 Hore I, Edwards P, Regi JM, Radcliffe G. Lower oesophageal meat bolus clearance using a radiologically guided balloon catheter: case in a 94-year-old patient. *The Journal of laryngology and otology* 2004; 10: 825 – 826
- 190 Hörmann K. Ösophagoskopie mit starrem Rohr.; Esophagoscopy with a rigid tube. *HNO* 1997; 6: 475---
- 191 Hörmann K, Schmidt H. Flexible Endoskopie im HNO-Bereich.; Flexible endoscopy in the ENT area. *HNO* 1998; 7: 654 – 659
- 192 Howden CW, Chey WD. Gastroesophageal reflux disease. *The Journal of family practice* 2003; 3: 240 – 247
- 193 Huchzermeyer H, Freise J, Becker H. Dilatation of benign esophageal strictures by peroral fiberendoscopic bougienage. *Endoscopy* 1977; 4: 207 – 211
- 194 HUFFORD AR. Flexi-rigid, optical esophagoscope. *Gastroenterology* 1949; 5: 779 – 781
- 195 Hulscher JB, Haringsma J, Benraad J, Offerhaus GJ, Kate FJ, Baak JP, Tytgat GN, van Lanschot JJ. Comprehensive Cancer Centre Amsterdam Barrett Advisory Committee: first results. *The Netherlands journal of medicine* 2001; 1: 3 – 8
- 196 Hutton P, Danks JL. Cardiac arrhythmias during rigid oesophagoscopy. *Anaesthesia* 1991; 12: 1087---
- 197 Ibach MB, Grier JF, Goldman DE, LaFontaine S, Gholson CF. Diagnostic considerations in evaluation of patients presenting with melena and nondiagnostic esophagogastroduodenoscopy. *Digestive diseases and sciences* 1995; 7: 1459 – 1462
- 198 Ignatus PI, Grundy A. Disimpaction of swallowed bolus. *BMJ (Clinical research ed.)* 1989; 6684: 1359-
- 199 Ishoo E, Busaba NY. Ectopic gastric mucosa in the cervical esophagus. *American journal of otolaryngology* 2002 May-Jun; 3: 181 – 184
- 200 Janousek P, Kabelka Z, Rygl M, Lesný P, Grabec P, Fajstavr J, Jurovcík M, Snajdauf J. Corrosive injury of the oesophagus in children. *International journal of pediatric otorhinolaryngology* 2006; 6: 1103 – 1107
- 201 JONES FA. Flexible oesophagoscope. *Lancet* 1958; 7046: 564---
- 202 Juarbe C, Mayol PM. Foreign bodies of the esophagus the San Pablo Hospital experience. *Boletín de la Asociación Médica de Puerto Rico* 1990; 11: 483 – 486
- 203 Kahn D, Jones B, Bornman PC, Terblanche J. Incidence and management of complications after injection sclerotherapy: a ten-year prospective evaluation. *Surgery* 1989; 2 Pt 1: 160 – 165
- 204 Karaman A, Cavuşoğlu YH, Karaman I, Erdoğan D, Aslan MK, Cakmak O. Magill forceps technique for

- removal of safety pins in upper esophagus: a preliminary report. *International journal of pediatric otorhinolaryngology* 2004; 9: 1189 – 1191
- 205 KATZ D. Morbidity and mortality in standard and flexible gastrointestinal endoscopy. *Gastrointestinal endoscopy* 1969; 3: 134-41 passim---
- 206 Kelley JE, Leech MH, Carr MG. A safe and cost-effective protocol for the management of esophageal coins in children. *Journal of pediatric surgery* 1993; 7: 898 – 900
- 207 Kestin IG, Chapman JM, Coates MB. Alfentanil used to supplement propofol infusions for oesophagoscopy and bronchoscopy. *Anaesthesia* 1989; 12: 994 – 996
- 208 Khan MA, Hameed A, Choudhry AJ. Management of foreign bodies in the esophagus. *Journal of the College of Physicians and Surgeons--Pakistan : JCPSP* 2004; 4: 218 – 220
- 209 Kim MK, Deschler DG, Hayden RE. Flexible esophagoscopy as part of routine panendoscopy in ENT resident and fellowship training. *Ear, nose, & throat journal* 2001; 1: 49 – 50
- 210 Kitano S, Iwanaga T, Iso Y, Koyanagi N, Sugimachi K. A transparent over-tube for endoscopic injection sclerotherapy and results in patients with esophageal varices. *The Japanese journal of surgery* 1987; 4: 256 – 262
- 211 Klostermeyer H. Reinigung von Endoskopen. *Krankenpflege Journal* 1991; 11: 558 – 559
- 212 Kollath J, Starck E, Vittorio P. Dilatation of esophageal stenosis by balloon catheter. *Cardiovascular and interventional radiology* 1984; 1: 35 – 39
- 213 Koyama FSC, Hashiba K, Bromberg SH, Cappelan CA. [Endoscopic treatment of esophageal varices, using pretied loop made with polyamide thread]. *Arquivos de gastroenterologia*; 4: 328 – 333
- 214 Koyama FS, Hashiba K, Bromberg SH, Cappelan CA. Tratamento endoscópico das varizes esofágicas utilizando alças pré- atadas confeccionadas com fio de poliamida.; Endoscopic treatment of esophageal varices, using pretied loop made with polyamide thread. *Arquivos de gastroenterologia* 2006 Oct-Dec; 4: 328 – 333
- 215 Kroh M, Hall R, Udomsawaengsup S, Smith A, Yerian L, Chand B. Endoscopic water jets used to ablate Barrett's esophagus: preliminary results of a new technique. *Surgical endoscopy* 2008; 11: 2498 – 2502
- 216 Kruk-Zagajewska A, Szmeja Z, Wójtowicz J, Wierzbicka M, Piatkowski K. [Foreign bodies in the esophagus]. *Otolaryngologia polska. The Polish otolaryngology* 1999; 3: 283 – 288
- 217 Kubba H, Spinou E, Brown D. Is same-day discharge suitable following rigid esophagoscopy? Findings in a series of 655 cases. *Ear, nose, & throat journal* 2003; 1: 33 – 36
- 218 Kuipers EJ, Haringsma J. Diagnostic and therapeutic endoscopy. *Journal of surgical oncology* 2005; 3: 203 – 209
- 219 Kumagai Y, Makuuchi H, Yamazaki E. Sclerotherapy of esophageal varices by consecutive injection of anhydrous ethanol: 1% polydocanol and thrombin. *Surgical endoscopy* 1987; 1: 29 – 32
- 220 Kussin SZ, Winawer SJ, Turnbull AD, Bains MS. Causes of obstruction of prosthetic esophageal tubes and their prevention: a case report and review of the literature. *The American journal of gastroenterology* 1979; 5: 517 – 521
- 221 La Hunt MN, Jackson CR, Wright C. Heterotopic gastric mucosa in the upper esophagus after repair of atresia. *Journal of pediatric surgery* 2002; 5: E14---
- 222 La Yalçın S, Karnak I, Ciftci AO, Senocak ME, Tanyel FC, Büyükpamukçu N. Foreign body ingestion in children. *Pediatric surgery international* 2007; 8: 755 – 761
- 223 Lahoz Zamarro MT, Martínez Subías J, Laguía Pérez M, Urpegui García A, Adiego Leza I. [Pharyngoesophageal foreign bodies]. *Acta otorrinolaringológica española* 2000; 4: 335 – 339
- 224 Lallemand Y. [Progress in oesophagoscopy. The role of the conventional oesophagoscope as against the supple fibroscope (author's transl)]. *Annales d'oto-laryngologie et de chirurgie cervico faciale : bulletin de la Société d'oto-laryngologie des hôpitaux de Paris*; 10-11: 845 – 856
- 225 Lallemand Y. [Oesophageal strictures after surgery (author's transl)]. *Annales d'oto-laryngologie et de chirurgie cervico faciale : bulletin de la Société d'oto-laryngologie des hôpitaux de Paris* 1980; 3: 237 – 266
- 226 Lallemand Y, Gehanno P, Cornet A. Tumeur pédiculée angiomateuse bénigne de l'oesophage. Traitement par voie endoscopique.; Benign angiomatous pediculated tumour of the oesophagus. Treatment via endoscopy (author's transl). *Annales d'oto-laryngologie et de chirurgie cervico faciale* 1980 Oct-Nov; 10-11: 917 – 922
- 227 Lam HC, Woo JK, van Hasselt CA. Management of ingested foreign bodies: a retrospective review of 5240 patients. *The Journal of laryngology and otology* 2001; 12: 954 – 957
- 228 Lang FJ, Grosjean P, Monnier P. Aktueller Stand der Broncho-Ösophagoskopie in der Hals-Nasen-Ohren-Heilkunde.; The current status of broncho-esophagoscopy in otorhinolaryngology. *Laryngo- rhino- otologie* 1997; 11: 704 – 708
- 229 Lázár G, Róvó L, Szentpáli K, Paszt A, Balogh A. [Endoscopic stapling diverticulostomy for Zenker diverticulum]. *Orvosi hetilap* 2004; 1: 15 – 17
- 230 Le Ferreira, Simmons DT, Baron TH. Zenker's diverticula: pathophysiology, clinical presentation, and flexible endoscopic management. *Diseases of the esophagus* 2008; 1: 1 – 8
- 231 Leipzig B, Zellmer JE, Klug D. The role of endoscopy in evaluating patients with head and neck cancer. A multi-institutional prospective study. *Archives of otolaryngology (Chicago, Ill. : 1960)* 1985; 9: 589 – 594
- 232 Leiss O, Bader L, Mielke M, Exner M. Fünf Jahre Empfehlungen der Kommission für Krankenhaushygiene zur Aufbereitung flexibler Endoskope. Blick zurück und Blick nach vorn. *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz* 2008; 2: 211 – 220
- 233 Leitlinie Ösophagoskopie. Leitlinien der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf- und Hals-Chirurgie.; Esophagoscopy guideline. Guidelines of the German Society of Otorhinolaryngology, Head and Neck surgery. *HNO* 1998; 7: 651 – 652

- 234 Lewis JH. Esophageal and small bowel obstruction from guar gum-containing "diet pills": analysis of 26 cases reported to the Food and Drug Administration. *The American journal of gastroenterology* 1992; 10: 1424 – 1428
- 235 Lewis J, Chung RS, Allison J. Sclerotherapy of esophageal varices. *Archives of surgery (Chicago, Ill. : 1960)* 1980; 4: 476 – 480
- 236 Liang J, Zhou X, Peng P, Zheng Z, Yu X. [Experimental study of replacement of an esophageal segment with an nitinol alloy composite artificial esophagus]. *Zhonghua wai ke za zhi [Chinese journal of surgery]* 2006; 14: 952 – 955
- 237 Lichtenstein, Cash BD, Davila R, Baron TH, Adler DG, Anderson MA, Dominitz JA, Gan SI, Harrison M3, Ikenberry SO, Qureshi WA, Rajan E, Shen B, Zuckerman MJ, Fanelli RD, VanGuilder T. Role of endoscopy in the management of GERD. *Gastrointestinal endoscopy* 2007; 2: 219 – 224
- 238 Lilly JR, van Stiegmans G, Stellin G. Esophageal endosclerosis in children with portal vein thrombosis. *Journal of pediatric surgery* 1982; 5: 571 – 575
- 239 Lin H, Lee S, Chu H, Chang W, Chao Y, Hsieh T. Emergency endoscopic management of dietary foreign bodies in the esophagus. *The American journal of emergency medicine* 2007; 6: 662 – 665
- 240 Lishman AH, Dellipiani AW, Devlin HB. The insertion of oesophagogastric tubes in malignant oesophageal strictures: endoscopy or surgery? *The British journal of surgery* 1980; 4: 257 – 259
- 241 Little DC, Shah SR, St Peter SD, Calkins CM, Morrow SE, Murphy JP, Sharp RJ, Andrews WS, Holcomb GW, Ostlie DJ, Snyder CL. Esophageal foreign bodies in the pediatric population: our first 500 cases. *Journal of pediatric surgery* 2006; 5: 914 – 918
- 242 Llompant A, Reyes J, Ginard D, Barranco L, Riera J, Gayà J, Obrador A. [Endoscopic management of foreign bodies in the esophagus. Results of a retrospective series of 501 cases]. *Gastroenterología y hepatología*; 7: 448 – 451
- 243 Loeb DS, Ribeiro A, Menke DM. Hodgkin's disease of the esophagus: report of a case. *The American journal of gastroenterology* 1999; 2: 520 – 522
- 244 Lohiya G, Tan-Figueroa L, van Le H, Rusu L. Esophageal obstruction by a lemon that required esophagotomy: thoughts on prevention. *Mental retardation* 2005; 5: 317 – 321
- 245 Longstreth GF, Longstreth KJ, Yao JF. Esophageal food impaction: epidemiology and therapy. A retrospective, observational study. *Gastrointestinal endoscopy* 2001; 2: 193 – 198
- 246 Looze D. Endoscopic follow-up of Barrett's esophagus: protocol and implications. *Acta gastro-enterologica Belgica*; 1: 29 – 35
- 247 Luburich P, Santamaría G, Tomás X, Nogué S, Pujol T, Pomés J, Bordas JM. [The gastrointestinal concealment of illegal drugs]. *Revista española de enfermedades digestivas : organo oficial de la Sociedad Española de Patología Digestiva* 1991; 3: 190 – 195
- 248 MacNeil-Covin L, Casson AG, Malatjalian D, Veldhuyzen van Zanten S. A survey of Canadian gastroenterologists about the management of Barrett's esophagus. *Canadian journal of gastroenterology* 2003; 5: 313 – 317
- 249 Magee MJ, Klain M, Ferson PF, Keenan RJ, Landreneau RJ. Nasotracheal jet ventilation for rigid endoscopy. *The Annals of thoracic surgery* 1994; 4: 1031 – 1032
- 250 Mahafza T, Batieha A, Suboh M, Khrais T. Esophageal foreign bodies: a Jordanian experience. *International journal of pediatric otorhinolaryngology* 2002; 3: 225 – 227
- 251 Manara G, Pisano G, Spasiano G, Pozzoni C. [Extraction of foreign bodies with rigid oesophagoscopy: personal experience]. *Acta otorhinolaryngologica Italica : organo ufficiale della Società italiana di otorinolaringologia e chirurgia cervico-facciale* 1994; 1: 59 – 62
- 252 Mandal A, Playford RJ, Wicks AC. Current practice in surveillance strategy for patients with Barrett's esophagus in the UK. *Alimentary pharmacology & therapeutics* 2003; 10: 1319 – 1324
- 253 Mandell DL, Kay DJ, Dohar JE, Yellon RF. Lack of association between esophageal biopsy, bronchoalveolar lavage, and endoscopy findings in hoarse children. *Archives of otolaryngology--head & neck surgery* 2004; 11: 1293 – 1297
- 254 Mandell DL, Yellon RF. Synchronous airway lesions and esophagitis in young patients undergoing adenoidectomy. *Archives of otolaryngology--head & neck surgery* 2007; 4: 375 – 378
- 255 Mangla JC, Desbaillets LG. Endoscopic removal of chicken gizzards by polypectomy snare in a patient with Nissen's fundoplication. *The American journal of gastroenterology* 1975; 2: 133 – 136
- 256 Mangla JC, Kothari T. Esophageal dilation with metal olives under fiberoptic endoscopic control: a new technic. *The American journal of gastroenterology* 1980; 3: 260 – 264
- 257 Marsh BR. The problem of the open safety pin. *The Annals of otology, rhinology, and laryngology* 1975 Sep-Oct; 5 Pt 1: 624 – 626
- 258 Marzo M, Alonso P, Bonfill X, Fernández M, Ferrandiz J, Martínez G, Mearín F, Mascort JJ, Piqué JM, Ponce J, Sáez M. Guía de práctica clínica sobre el manejo del paciente con enfermedad por reflujo gastroesofágico (ERGE).; Clinical practice guideline on the management of patients with gastroesophageal reflux disease (GERD). *Gastroenterología y hepatología* 2002; 2: 85 – 110
- 259 Mashimo H, Wagh MS, Goyal RK. Surveillance and screening for Barrett esophagus and adenocarcinoma. *Journal of clinical gastroenterology* 2005; 4 Suppl 2: S33-41----
- 260 Matern U, Aschendorff A, Krebs A, Kohlberger E, Rückauer KD. A new method for extracting wooden foreign bodies from the upper esophagus. *Endoscopy* 2000; 12: 1002 – 1003
- 261 Mathur NN, Kumar S, Bothra R. Intramural foreign body in oesophagus. *International journal of pediatric otorhinolaryngology* 2004; 6: 837 – 839

- 262 *Mattinger C, Hörmann K.* Endoscopic diverticulotomy of Zenker's diverticulum: management and complications. *Dysphagia* 2002; 1: 34 – 39
- 263 *Mazzara CA, Baredes S.* Technique of tracheoesophageal puncture using flexible fiberoptic esophagoscopy. *The Laryngoscope* 1993; 8: 928 – 929
- 264 *McGrew W, Sutton W, Madhavan SS, Nelson DA, Avant GR, Dunn GD.* Endoscopic variceal sclerotherapy: experience with 30 patients. *Southern medical journal* 1984; 9: 1091 – 1094
- 265 *McManus K, Khan I, McGuigan J.* Self-expanding oesophageal stents: strategies for re-intervention. *Endoscopy* 2001; 7: 601 – 604
- 266 *McPartlin DW, Nouraei SAR, Tatla T, Howard DJ, Sandhu GS.* How we do it: transnasal fibreoptic oesophagoscopy. *Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery* 2005; 6: 547 – 550
- 267 *Medical Practice Question: Hospital Admission Following Rigid Esophagoscopy.* *The Western journal of medicine* 1987; 1: 42---
- 268 *Meredith JW, Kon ND, Thompson JN.* Management of injuries from liquid lye ingestion. *The Journal of trauma* 1988; 8: 1173 – 1180
- 269 *Meyers MA, Ghahremani GG.* Complications of Fiberoptic Endoscopy. I. Esophagoscopy and Gastroscopy. *Radiology* 1975; 2: 293 – 300
- 270 *Meyers MA, Ghahremani GG.* Complications of gastrointestinal fiberoptic endoscopy. *Gastrointestinal radiology* 1977; 3: 273 – 280
- 271 *Miller G, Maurer W, Savary M, Monnier P, Gloor F.* A case of oesophageal cancer limited to the mucosa and submucosa. *Endoscopy* 1979; 3: 175 – 178
- 272 *Miller RS, Willging JP, Rutter MJ, Rookkapan K.* Chronic esophageal foreign bodies in pediatric patients: a retrospective review. *International journal of pediatric otorhinolaryngology* 2004; 3: 265 – 272
- 273 *Miziara JE, Miecznikowisk RC, Ratto OS, Azevedo JF, Schneider CA, Guida Filho B, Mirra AP.* [Esophagoscopy with rigid tubes in cancer of the esophagus]. *Revista paulista de medicina*; 3-4: 66 – 70
- 274 *Monnier P.* Acute food bolus impaction in the esophagus. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 2005; 7: 523-
- 275 *Montes CG, Brandalise NA, Deliza R, Novais Magalhães AF, Ferraz JG.* Antireflux surgery followed by bipolar electrocoagulation in the treatment of Barrett's esophagus. *Gastrointestinal endoscopy* 1999; 2: 173 – 177
- 276 *Moons LM, Kuipers EJ, siersema PD.* [Acute dysphasia: often there is a readily treatable cause]. *Nederlands tijdschrift voor geneeskunde* 2003; 36: 1713 – 1717
- 277 *Moraes-Filho J, Cecconello I, Gama-Rodrigues J, Castro L, Henry MA, Meneghelli UG, Quigley E.* Brazilian consensus on gastroesophageal reflux disease: proposals for assessment, classification, and management. *The American journal of gastroenterology* 2002; 2: 241 – 248
- 278 *Morales-Angulo C, Rodríguez Iglesias J, Mazón Gutiérrez A, Rubio Suárez A, Rama J.* [Diagnosis and treatment of cervical esophageal perforation in adults]. *Acta otorrinolaringológica española* 1999; 2: 142 – 146
- 279 *Morrow SE, Bickler SW, Kennedy AP, Snyder CL, Sharp RJ, Ashcraft KW.* Balloon extraction of esophageal foreign bodies in children. *Journal of pediatric surgery* 1998; 2: 266 – 270
- 280 *Moss A, Clarke E, Crowe J, Lennon J, Mac MP.* Management of Barrett's oesophagus in 2001 in Ireland. *Irish journal of medical science* 2003 Oct-Dec; 4: 174 – 176
- 281 *Murmu LR.* Diagnostic rigid and flexible oesophagoscopy in carcinoma of the oesophagus: a comparison. *Thorax* 1993; 12: 1289---
- 282 *Nadeem A, Bilal A, Afridi K, Muqetullah.* A three-year audit of rigid oesophagoscopy at Lady Reading Hospital Peshawar. *Journal of Ayub Medical College, Abbottabad* 2006 Jan-Mar; 1: 11 – 13
- 283 *Nadig SK, Uppal S, Back GW, Coatesworth AP, Grace ARH.* Foreign body sensation in the throat due to displacement of the superior cornu of the thyroid cartilage: two cases and a literature review. *The Journal of laryngology and otology* 2006; 7: 608 – 609
- 284 *Nashef SA, Klein C, Martigne C, Velly JF, Couraud L.* Foreign body perforation of the normal oesophagus. *European journal of cardio-thoracic surgery : official journal of the European Association for Cardio-thoracic Surgery* 1992; 10: 565 – 567
- 285 *Nashef SA, Pagliero KM.* Instrumental perforation of the esophagus in benign disease. *The Annals of thoracic surgery* 1987; 4: 360 – 362
- 286 *Nemoto K.* [Future perspective of radiation therapy for superficial esophageal cancer]. *Nihon Igaku Hōshasen Gakkai zasshi. Nippon acta radiologica* 2002; 14: 801 – 807
- 287 *Nogueira JR, Mendoza A.* [Is it necessary to administer tranquilizers as pre-endoscopic medication?]. *Revista de gastroenterología de México*; 4: 211 – 220
- 288 *Oette M, Trommer I, Hoffmann R, Schwalen A, Mitrenga D, Thoma R, Wettstein M, Häussinger D.* Combined broncho-oesophagoscopy for diagnosis of HIV-associated disorders. *Scandinavian journal of infectious diseases* 2005; 10: 753 – 756
- 289 *Oh CK, Meleca RJ, Simpson ML, Dworkin JP.* Fiberoptic examination of the pharyngoesophageal segment in tracheoesophageal speakers. *Archives of otolaryngology--head & neck surgery* 2002; 6: 692 – 697
- 290 *Oliverio AJ.* Rigid esophagoscopy. *Ear, nose, & throat journal* 1984; 6: 299---
- 291 *Olsen AM.* Chevalier Jackson lecture. Esophagology: an update. *The Annals of otology, rhinology, and laryngology*; 6 Pt 1: 551 – 557

- 292 Orchard JL, Peternel WW, Arena S. Remarkably large, benign esophageal tumor. Difficulties in diagnosis. *The American journal of digestive diseases* 1977; 3: 266 – 269
- 293 Oyewole EA. Improved rigid oesophagoscope. *Tropical doctor* 2006; 4: 214---
- 294 Ozguner IF, Buyukyavuz BI, Savas C, Yavuz MS, Okutan H. Clinical experience of removing aerodigestive tract foreign bodies with rigid endoscopy in children. *Pediatric emergency care* 2004; 10: 671 – 673
- 295 Pace F, Buscema M, Dominici P, Intraligi M, Baldi F, Cestari R, Passaretti S, Bianchi Porro G, Grossi E. Artificial neural networks are able to recognize gastro-oesophageal reflux disease patients solely on the basis of clinical data. *European journal of gastroenterology & hepatology* 2005; 6: 605 – 610
- 296 Palani CK, Abuabara S, Kraft AR, Jonasson O. Endoscopic sclerotherapy in acute variceal hemorrhage. *American journal of surgery* 1981; 1: 164 – 168
- 297 Panieri E, Bass DH. The management of ingested foreign bodies in children--a review of 663 cases. *European journal of emergency medicine : official journal of the European Society for Emergency Medicine* 1995; 2: 83 – 87
- 298 Paquet KJ, Mercado MA, Aichner W, Cuan-Orozco F, Gad HA, Müting D. Conservative and semi-invasive modalities for treating bleeding esophageal varices. *Hepato-gastroenterology* 1990; 6: 561 – 564
- 299 Pattani KM, Morgan M, Nathan CO. Reflux as a cause of tracheoesophageal puncture failure. *The Laryngoscope* 2009; 1: 121 – 125
- 300 Pelucchi S, Bianchini C, Ciorba A, Pastore A. Unusual foreign body in the upper cervical oesophagus: case report. *Acta otorhinolaryngologica Italica : organo ufficiale della Società italiana di otorinolaringologia e chirurgia cervico-facciale* 2007; 1: 38 – 40
- 301 Peretti G, Piazza C, Berlucchi M, Cavaliere S, Melloni G, Zannini P, Antonelli AR. [Pleomorphic adenoma: a case treated by laryngotracheal resection and reconstruction]. *Acta otorhinolaryngologica Italica : organo ufficiale della Società italiana di otorinolaringologia e chirurgia cervico-facciale* 2000; 1: 54 – 61
- 302 Pettersson G, Larsson S, Gatzinsky P, Södow G. Differentiated treatment of intrathoracic oesophageal perforations. *Scandinavian journal of thoracic and cardiovascular surgery* 1981; 3: 321 – 324
- 303 Pichler W, Maier A, Rappl T, Clement HG, Grechenig W. Delayed hypopharyngeal and esophageal perforation after anterior spinal fusion: primary repair reinforced by pedicled pectoralis major flap. *Spine* 2006; 9: E268-70---
- 304 Pilloud R, Jaquet Y, Monnier P. Extensive circumferential endoscopic mucosal resection with a new rigid esophagoscope: an animal study. *The Journal of thoracic and cardiovascular surgery* 2005; 5: 1399---
- 305 Pilloud R, Jaquet Y, Monnier P. Extensive circumferential endoscopic mucosal resection with a new rigid esophagoscope: an animal study. *The Journal of thoracic and cardiovascular surgery* 2005; 5: 1399---
- 306 Pino Rivero V, Trinidad Ruiz G, Marcos Garcia M, Pardo Romero G, González Palomino A, Blasco Huelva A. [Esophagoscopy in adults. Our experience and review of the literature]. *Acta otorinolaringológica española* 2003; 9: 642 – 645
- 307 Playford RJ. New British Society of Gastroenterology (BSG) guidelines for the diagnosis and management of Barrett's oesophagus. *Gut* 2006; 4: 442----
- 308 Pohl H, Aschenbeck J, Drossel R, Schröder A, Mayr M, Koch M, Rothe, K, Anders M, Voderholzer W, Hoffmann J, Schulz HJ, Liehr RM, Gottschalk U, Wiedenmann B, Rösch T. Endoscopy in Barrett's oesophagus: adherence to standards and neoplasia detection in the community practice versus hospital setting. *Journal of internal medicine* 2008; 4: 370 – 378
- 309 Pokharel R, Adhikari P, Bhusal CL, Guragain RPS. Oesophageal foreign bodies in children. *JNMA; journal of the Nepal Medical Association*; 172: 186 – 188
- 310 Prescott CA. Outpatient pediatric oesophagoscopy using a flexible fiberoptic bronchoscope. Design of an insufflation-aspiration adaptor. *International journal of pediatric otorhinolaryngology* 1993; 2: 113 – 118
- 311 Price T, Jones SEM, Montgomery PQ. Is current UK management of oesophageal food bolus obstruction evidence based? An e-mail survey and literature review. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 2007; 4: 329 – 335
- 312 Price T, Jones SEM, Montgomery PQ. Is current UK management of oesophageal food bolus obstruction evidence based? An e-mail survey and literature review. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 2007; 4: 329 – 335
- 313 Price MR, Sartorelli KH, Karrer FM, Narkewicz MR, Sokol RJ, Lilly JR. Management of esophageal varices in children by endoscopic variceal ligation. *Journal of pediatric surgery* 1996; 8: 1056 – 1059
- 314 Price T, Sharma A, Snelling J, Bennett AMD, Qayyum A, Bradnam T, Montgomery P. How we do it: The role of trans-nasal flexible laryngo-oesophagoscopy (TNFLO) in ENT: one year's experience in a head and neck orientated practice in the UK. *Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery* 2005; 6: 551 – 556
- 315 Prinsley PR, Murrant NJ. Cervical esophageal perforation caused by diagnostic flexible esophagoscopy. *The Journal of otolaryngology* 1989; 6: 314 – 316
- 316 Pross M, Manger T, Wolff S, Kahl S, Lippert H. Thoracoscopic enucleation of benign tumors of the esophagus under simultaneous flexible esophagoscopy. *Surgical endoscopy* 2000; 12: 1146 – 1148
- 317 Puhakka HJ, Aitsalo K. Oesophageal carcinoma: endoscopic and clinical findings in 258 patients. *The Journal of laryngology and otology* 1988; 12: 1137 – 1141
- 318 Punke C, Dommerich S, Pau HW, Kramp B. Die laterale Pharyngotomie--ein seltener Zugangsweg zur Fremdkörperentfernung im oberen Osophagusdrittel.; Lateral pharyngotomy--a rare method of access for

- removing foreign bodies from the upper third of the esophagus. *HNO* 200801; 1: 57 – 61
- 319 *Rabenstein T, May A, Michel J, Manner H, Pech O, Gossner L, Ell C.* Argon plasma coagulation for flexible endoscopic Zenker's diverticulotomy. *Endoscopy* 2007; 2: 141 – 145
- 320 *Rådmark T, Sandberg N, Pettersson G.* Instrumental perforation of the oesophagus. A ten year study from two ENT clinics. *The Journal of laryngology and otology* 1986; 4: 461 – 465
- 321 *Radu A, Grosjean P, Fontollet C, Monnier P.* Endoscopic mucosal resection in the esophagus with a new rigid device: an animal study. *Endoscopy* 2004; 4: 298 – 305
- 322 *Ramaswami G, Jain PK, Talati VR.* Oesophagitis dissecans superficialis complicating repeated rigid oesophagoscopy and dilatation. *The Journal of laryngology and otology* 2007; 1: 92 – 93
- 323 *Ratcliff KM.* Esophageal foreign bodies. *American family physician* 1991; 3: 824 – 831
- 324 *Rees CJ.* In-office unsedated transnasal balloon dilation of the esophagus and trachea. *Current opinion in otolaryngology & head and neck surgery* 2007; 6: 401 – 404
- 325 *Rees CJ.* In-office unsedated transnasal balloon dilation of the esophagus and trachea. *Current opinion in otolaryngology & head and neck surgery* 2007; 6: 401 – 404
- 326 *Reichel O, Ihrler S, Berghaus A, Kramer MF.* Die eosinophile Ösophagitis. *HNO* 200802; 2: 211 – 218
- 327 *Reilly JJ, Schade RR, Roh MS, van Thiel DH.* Esophageal variceal sclerosis. *Surgery, gynecology & obstetrics* 1982; 4: 497 – 502
- 328 *Renz EM, Kanne TJ.* Image of the month: direct laryngoscopy, endotracheal intubation, and rigid esophagoscopy with foreign body removal in the operating room. *Archives of surgery (Chicago, Ill. : 1960)* 2001; 11: 1325 – 1326
- 329 *Rewari V, Lakhe S.* Acute bilateral submandibular gland swelling during rigid oesophagoscopy under anaesthesia. *European journal of anaesthesiology* 2007; 8: 728 – 729
- 330 *Ricchetti A, Becker M, Dulguerov P.* Internal carotid artery dissection following rigid esophagoscopy. *Archives of otolaryngology--head & neck surgery* 1999; 7: 805 – 807
- 331 *Rice TW.* Benign esophageal tumors: esophagoscopy and endoscopic esophageal ultrasound. *Seminars in thoracic and cardiovascular surgery* 2003; 1: 20 – 26
- 332 *Righini CA, Tea BZ, Reyt E, Chahine KA.* Cervical cellulitis and mediastinitis following esophageal perforation: a case report. *World journal of gastroenterology : WJG* 2008; 9: 1450 – 1452
- 333 *Righini CA, Tea BZ, Reyt E, Chahine KA.* Cervical cellulitis and mediastinitis following esophageal perforation: a case report. *World journal of gastroenterology* 2008; 9: 1450 – 1452
- 334 *Riley SA, Attwood SE.* Guidelines on the use of oesophageal dilatation in clinical practice. *Gut* 2004; 53: 1166 – 1170
- 335 *Riley N, McNeill J, McCloskey B, Thomson MP, Mackle E.* Acute oesophageal obstruction 18 months after an abdominal shotgun wound. *The Journal of laryngology and otology* 1997; 2: 177 – 178
- 336 *Ritchie AJ, McGuigan J, McManus K, Stevenson HM, Gibbons JR.* Diagnostic rigid and flexible oesophagoscopy in carcinoma of the oesophagus: a comparison. *Thorax* 1993; 2: 115 – 118
- 337 *Rodning CB, Zingarelli WJ, Webb WR, Curreri PW.* Postgraduate surgical flexible endoscopic education. *Annals of surgery* 1986; 3: 272 – 274
- 338 *Roffman E, Jalisi S, Hybels R, Catalano P.* Failed extraction of a sharp esophageal foreign body with a flexible endoscope: a case report and review of the literature. *Archives of otolaryngology--head & neck surgery* 2002; 9: 1096 – 1098
- 339 *Rosati R, Fumagalli U, Bona S, Bonavina L, Peracchia A.* Diverticulectomy, myotomy, and fundoplication through laparoscopy: a new option to treat epiphrenic esophageal diverticula? *Annals of surgery* 1998; 2: 174 – 178
- 340 *Rubenstein JH, Saini SD, Kuhn L, McMahon L, Sharma P, Pardi DS, Schoenfeld P.* Influence of malpractice history on the practice of screening and surveillance for Barrett's esophagus. *The American journal of gastroenterology* 2008; 4: 842 – 849
- 341 *Ruiter MHT, van Damme PA, Drenth JPH.* [Serious complications following removal of an ingested partial denture]. *Nederlands tijdschrift voor geneeskunde* 2007; 3: 194 – 197
- 342 *Sabljak P, Stojakov D, Bjelovic M, Mihaljevic B, Velickovic D, Ebrahimi K, Spica B, Pesko P.* Primary esophageal diffuse large B-cell lymphoma: report of a case. *Surgery today* 2008; 7: 647 – 650
- 343 *Sack TL.* Frequency of surveillance for Barrett esophagus. *JAMA : the journal of the American Medical Association* 2007; 7: 699; author reply 699-700----
- 344 *Sakai P, Ishioka S, Maluf-Filho F, Chaves D, Moura EG.* Endoscopic treatment of Zenker's diverticulum with an oblique-end hood attached to the endoscope. *Gastrointestinal endoscopy* 2001; 6: 760 – 763
- 345 *Sakellaridis T, Potaris K, Mallios D, Sepsas E.* An unusual case of a swallowed thermometer perforated in the mediastinum. *The Annals of thoracic surgery* 2008; 1: 339 – 341
- 346 *Salem G, Glöckler M, Möschl P, Kreuzer W.* Zur Therapie von Ösophagusvarizen mit flexiblen Endoskopen.; Therapy of esophageal varices using flexible endoscopes. *Zentralblatt für Chirurgie* 1983; 6: 321 – 327
- 347 *Sammon AM, Cotton MH.* Early detection of incorrect siting of Procter-Livingstone tube by fibre-optic endoscopy. *South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde* 1989; 12: 582 – 584
- 348 *Sampliner RE.* Practice guidelines on the diagnosis, surveillance, and therapy of Barrett's esophagus. The Practice Parameters Committee of the American College of Gastroenterology. *The American journal of gastroenterology* 1998; 7: 1028 – 1032
- 349 *Sampliner RE.* Updated guidelines for the diagnosis, surveillance, and therapy of Barrett's esophagus. *The American journal of gastroenterology* 2002; 8: 1888 – 1895
- 350 *Sánchez-Pernaute A, Aguirre EP, Talavera P, Valladares LD, La Serna JP, Mantilla CS, León AR, Torres A.* Laparoscopic approach to esophageal perforation secondary to pneumatic dilation for achalasia. *Surgical*

- endoscopy 2008: ---
- 351 *Sarles HE, Sanowski RA, Talbert G.* Course and complications of endoscopic variceal sclerotherapy: a prospective study of 50 patients. *The American journal of gastroenterology* 1985; 8: 595 – 599
- 352 *Sasaki T, Hasegawa T, Nakajima K, Tanano H, Wasa M, Fukui Y, Okada A.* Endoscopic variceal ligation in the management of gastroesophageal varices in postoperative biliary atresia. *Journal of pediatric surgery* 1998; 11: 1628 – 1632
- 353 *Sastry A, Karkos PD, Leong S, Hampal S.* Bulimia and oesophageal foreign bodies. *The Journal of laryngology and otology* 2008; 7: e16---
- 354 *Sato K, Nakashima T.* Office-based videoendoscopy for the hypopharynx and cervical esophagus. *American journal of otolaryngology* 2002 Nov-Dec; 6: 341 – 344
- 355 *Schaer J, Katon RM, Ivancev K, Uchida B, Rösch J, Binmoeller K.* Treatment of malignant esophageal obstruction with silicone-coated metallic self-expanding stents. *Gastrointestinal endoscopy* 1992 Jan-Feb; 1: 7 – 11
- 356 *Scheurlen CH, Sauerbruch T.* Einsatz der Endoskopie bei Ösophaguserkrankungen. *Deutsche Gesellschaft für Verdauungs- und Stoffwechselkrankheiten.; Applications of endoscopy in esophageal diseases. German Society of Digestive and Metabolic Diseases. Zeitschrift für Gastroenterologie* 1994; 12: 707 – 712
- 357 *Schmidt H, Hörmann K, Stasche N, Steiner W.* Tracheobronchoskopie und Ösophagoskopie in der Hals-Nasen-Ohren-Heilkunde. Eine Standortbestimmung.; *Tracheobronchoscopy and esophagoscopy in otorhinolaryngology. An assessment of current status. HNO* 1998; 7: 643 – 650
- 358 *Schmidt H, Manegold BC, Stüker D, Grund KE.* Anastomoseninsuffizienzen am Ösophagus--Frühoperative Endoskopie und endoskopische Therapie.; *Anastomotic insufficiencies of the esophagus--early surgical endoscopy and endoscopic therapy. Kongressband / Deutsche Gesellschaft für Chirurgie. Deutsche Gesellschaft für Chirurgie. Kongress 2001: 278 – 281*
- 359 *Schober PH, Sauer H, Höllwarth ME, Kerbler S, Lackner H.* Ingestion von ätzenden Substanzen im Kindesalter.; *Ingestion of caustic substances in childhood. Wiener klinische Wochenschrift* 1989; 428; 9: 318 – 322
- 360 *Schroeder WW, Myer CM, Schechter GL.* Ectopic gastric mucosa in the cervical esophagus. *The Laryngoscope* 1987; 2: 131 – 135
- 361 *Schubert D, Kuhn R, Nestler G, Lippert H, Pross M.* Endoscopic treatment of a mid-esophageal diverticulum. *Endoscopy* 2004; 8: 735 – 737
- 362 *Scioscia KA, April MM.* Pediatric otolaryngology: isolated cervical subcutaneous emphysema. *American journal of otolaryngology* 1994 Mar-Apr; 2: 155 – 157
- 363 *Seitz J, Dahan L, Jacob J, Artru P, Maingon P, Bedenne L, Triboulet J.* Esophagus cancer. *Gastroentérologie clinique et biologique* 2006: 2S5-2S15----
- 364 *SELESNICK S, WHITE BV.* Clinical usefulness of flexible tipped esophagoscopes. *Gastroenterology* 1954; 3: 318 – 323
- 365 *Sharma A, Price T, Mierzwa K, Montgomery P, Qayyum A, Bradnam T.* Transnasal flexible laryngo-oesophagoscopy: an evaluation of the patient's experience. *The Journal of laryngology and otology* 2006; 1: 24 – 31
- 366 *Sharma P, Wani S.* Advances in esophageal imaging: practical applications for clinicians. *Reviews in gastroenterological disorders* 2006: S12-8---
- 367 *Shinhar SY, Strabbing RJ, Madgy DN.* Esophagoscopy for removal of foreign bodies in the pediatric population. *International journal of pediatric otorhinolaryngology* 2003; 9: 977 – 979
- 368 *Shu MT, Leu YS.* Microscopic removal of an embedded foreign body from the hypopharynx: report of two cases. *Ear, nose, & throat journal* 2001; 12: 889 – 890
- 369 *Siersema PD.* Pathogenesis, diagnosis and therapeutic possibilities of esophageal cancer. *Current opinion in gastroenterology* 2007; 4: 456 – 461
- 370 *Siersema PD, Homs MYV, Haringsma J, Tilanus HW, Kuipers EJ.* Use of large-diameter metallic stents to seal traumatic nonmalignant perforations of the esophagus. *Gastrointestinal endoscopy* 2003; 3: 356 – 361
- 371 *Silverstein FE, Martin RW, Kimmey MB, Jiranek GC, Franklin DW, Proctor A.* Experimental evaluation of an endoscopic ultrasound probe: in vitro and in vivo canine studies. *Gastroenterology* 1989; 4: 1058 – 1062
- 372 *Sipilä J, Klemi P.* Circumferential squamocellular papilloma of the cervical esophagus, a rare cause of dysphagia. A case report. *ORL; journal for oto-rhino-laryngology and its related specialties* 1997 Mar-Apr; 2: 119 – 121
- 373 *SIRCUS W.* A flexible oesophagoscope. *Lancet* 1959; 7102: 548---
- 374 *Sittitrai P, Pattarasakulchai T, Tapatiwong H.* Esophageal foreign bodies. *Journal of the Medical Association of Thailand = Chotmaihet thangphaet* 2000; 12: 1514 – 1518
- 375 *Sivak MV, Stout DJ, Skipper G.* Endoscopic injection sclerosis (EIS) of esophageal varices. *Gastrointestinal endoscopy* 1981; 2: 52 – 57
- 376 *Skerik P, Nosek S.* [Indications and limitations of esophagoscopy with flexible fiberoptics (author's transl)]. *Laryngologie, Rhinologie, Otologie* 1976; 1: 54 – 57
- 377 *Soehendra N.* Chirurgie in der Gravidität aus der Sicht des Endoskopikers.; *Surgery in pregnancy from an endoscopy viewpoint. Langenbecks Archiv für Chirurgie* 1981: 229 – 231
- 378 *SOM ML.* Rigid esophagoscopy. *The Surgical clinics of North America* 1957; 5: 1207 – 1229
- 379 *Song TJ, Kim YH, Ryu HS, Hyun JH.* Correlation of esophageal lengths with measurable external parameters. *The Korean journal of internal medicine* 1991; 1: 16 – 20
- 380 *Sosnowik D, Greenberg R, Bank S, Graver LM.* Aorto-esophageal fistula: early and late endoscopic features. *The American journal of gastroenterology* 1988; 12: 1401 – 1404

- 381 *Spechler SJ*. Clinical practice. Barrett's Esophagus. *The New England journal of medicine* 2002; 11: 836 – 842
- 382 *Spence RA, Anderson JR, Johnston GW*. Twenty-five years of injection sclerotherapy for bleeding varices. *The British journal of surgery* 1985; 3: 195 – 198
- 383 *Spinou E, Kubba H, Guse J, Johnston A*. The radiological management of oesophageal food bolus obstruction using a gas-forming agent and barium. *Auris, nasus, larynx* 2003; 1: 103 – 105
- 384 *Spolidoro JV, Kay M, Ament M, Cadranel S, Fujimoto T, Gilger M, Kato S, Olives J, Goncalves MEP, Wyllie R*. New endoscopic and diagnostic techniques: Working Group Report of the First World Congress of Pediatric Gastroenterology, Hepatology, and Nutrition: management of GI bleeding, dysplasia screening, and endoscopic training--issues for the new millennium. *Journal of pediatric gastroenterology and nutrition* 2002; S196-204----
- 385 *Srinivasan R, Haywood T, Horwitz B, Buckman RF, Fisher RS, Krevsky B*. Role of flexible endoscopy in the evaluation of possible esophageal trauma after penetrating injuries. *The American journal of gastroenterology* 2000; 7: 1725 – 1729
- 386 *Stadler J, Hölscher AH, Feussner H, Dittler J, Siewert JR*. The "steakhouse syndrome". Primary and definitive diagnosis and therapy. *Surgical endoscopy* 1989; 4: 195 – 198
- 387 *Stepinac T, Grosjean P, Woodtli A, Monnier P, van den Bergh H, Wagnières G*. Optimization of the diameter of a radial irradiation device for photodynamic therapy in the esophagus. *Endoscopy* 2002; 5: 411 – 415
- 388 *Stiegmann GV, Sun JH, Hammond WS*. Results of experimental endoscopic esophageal varix ligation. *The American surgeon* 1988; 2: 105 – 108
- 389 *Stierschneider M, Franz S, Baumgartner W*. Endoscopic examination of the upper respiratory tract and oesophagus in small ruminants: technique and normal appearance. *Veterinary journal (London, England : 1997)* 2007; 1: 101 – 108
- 390 *Stigliano V, Assisi D, Fracasso P, Grassi A, Lapenta R, Casale V*. Endoscopic follow-up in oncological diseases of the gastrointestinal tract: the experience of the Regina Elena Cancer Institute. *Journal of experimental & clinical cancer research : CR* 1999; 4: 463 – 467
- 391 *Straumann A, Bussmann C, Zuber M, Vannini S, Simon H, Schoepfer A*. Eosinophilic esophagitis: analysis of food impaction and perforation in 251 adolescent and adult patients. *Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association* 2008; 5: 598 – 600
- 392 *Stüker D, Grund KE, Becker HD*. [Enteral feeding of problem patients: replacement of surgical catheter jejunostomy by an endoscopic concept]. *Langenbecks Archiv für Chirurgie. Supplement. Kongressband. Deutsche Gesellschaft für Chirurgie. Kongress 1998*: 1096 – 1098
- 393 *Swamy N, Rayl JE*. Functional diseases of the esophagus: role of endoscopy. *The Annals of otology, rhinology, and laryngology* 1978 Jul-Aug; 4 Pt 1: 523 – 527
- 394 *Szántó I, Banai J, Vámosi-Nagy I, Nagy P, Bajtai A*. [Significance of endoscopic biopsy and cytology in the diagnosis of esophageal squamous cell carcinoma]. *Magyar onkologia* 2006; 1: 39 – 41
- 395 *Szántó I, Szentirmay Z, Banai J, Nagy P, Gonda G, Vörös A, Kiss J, Bajtai A*. [Squamous papilloma of the esophagus. Clinical and pathological observations based on 172 papillomas in 155 patients]. *Orvosi hetilap* 2005; 12: 547 – 552
- 396 *Szczepanik AB, Rudowski WJ, Misiak A*. [Comparison of the results of sclerotherapy of esophageal varices using a rigid esophagoscope and fiber-optics esophagoscope]. *Polski tygodnik lekarski (Warsaw, Poland : 1960)*; 15-16: 354 – 357
- 397 *Takwoingi YM, Kale US, Morgan DW*. Rigid endoscopy in globus pharyngeus: how valuable is it? *The Journal of laryngology and otology* 2006; 1: 42 – 46
- 398 *Tam PK, Sprigg A, Cudmore RE, Cook RC, Carty H*. Endoscopy-guided balloon dilatation of esophageal strictures and anastomotic strictures after esophageal replacement in children. *Journal of pediatric surgery* 1991; 9: 1101 – 1103
- 399 *Tang S, Jazrawi SF, Chen E, Tang L, Myers LL*. Flexible endoscopic clip-assisted Zenker's diverticulotomy: the first case series (with videos). *The Laryngoscope* 2008; 7: 1199 – 1205
- 400 *Technology Assessment Status Evaluation--update: endoscopic band ligation*. November, 1996. ASGE. American Society for Gastrointestinal Endoscopy. *Gastrointestinal endoscopy* 1998; 6: 573 – 575
- 401 *Terblanche J, Bornman PC, Kahn D, Kirsh RE*. Sclerotherapy in acute variceal bleeding: technique and results. *Endoscopy* 1986; 23 – 27
- 402 *Terblanche J, Northover JM, Bornman P, Kahn D, Barbezat GO, Sellars SL, Saunders SJ*. A prospective evaluation of injection sclerotherapy in the treatment of acute bleeding from esophageal varices. *Surgery* 1979; 3: 239 – 245
- 403 *The role of endoscopy in the surveillance of premalignant conditions of the upper gastrointestinal tract. Guidelines for clinical application*. *Gastrointestinal endoscopy* 1988 May-Jun; 3 Suppl: 18S-20S----
- 404 *Thomas HG, Batch AJ*. Flexible oesophagogastrosopy in otolaryngology. *The Journal of laryngology and otology* 1989; 4: 399 – 403
- 405 *Tombu S, Moreau P, Honoré P*. An unusual complication of panendoscopy of the upper aero-digestive tract: esophageal perforation. A report of 3 cases. *Acta oto-rhino-laryngologica Belgica* 1998; 1: 41 – 47
- 406 *T-Ping C, Nunes CA, Guimarães GR, Vieira JP, Weckx LL, Borges TJ*. Accidental ingestion of coins by children: management at the ENT Department of the João XXIII Hospital. *Brazilian journal of otorhinolaryngology* 2006 Jul-Aug; 4: 470 – 474

- 407 Turner JS, Fyfe AR, Kaplan DK, Wardlaw AJ. Oesophageal obstruction during nasogastric feeding. *Intensive care medicine* 1991; 5: 302 – 303
- 408 Tzifa KT, Maxwell EL, Chait P, James AL, Forte V, Ein SH, Friedburg J. Endoscopic treatment of congenital H-Type and recurrent tracheoesophageal fistula with electrocautery and histoacryl glue. *International journal of pediatric otorhinolaryngology* 2006; 5: 925 – 930
- 409 Uba AF, Sowande AO, Amusa YB, Ogundoyin OO, Chinda JY, Adeyemo AO, Adejuyigbe O. Management of oesophageal foreign bodies in children. *East African medical journal* 2002; 6: 334 – 338
- 410 Uchytíl B. [Flexible esophagoscopy]. *Ceskoslovenská otolaryngologie* 1973; 3: 138 – 142
- 411 Uhlen S, Fayoux P, Vachin F, Guimber D, Gottrand F, Turck D, Michaud L. Mitomycin C: an alternative conservative treatment for refractory esophageal stricture in children? *Endoscopy* 2006; 4: 404 – 407
- 412 Urban KG, Terris DJ. Percutaneous endoscopic gastrostomy by head and neck surgeons. *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery* 1997; 4: 489 – 492
- 413 Vader J, Froehlich F, Burnand B, Gonvers J. ASGE versus EPAGE versus diagnostic yield: a level playing field, please! *The American journal of gastroenterology* 2005; 8: 1892; author reply 1892-3----
- 414 van Radu A, Grosjean P, Fontolliet C, Monnier P. Endoscopic mucosal resection in the esophagus with a new rigid device: an animal study. *Endoscopy* 2004; 4: 298 – 305
- 415 van Sandick JW, Bartelsman JF, van Lanschot JJ, Tytgat GN, Obertop H. Surveillance of Barrett's oesophagus: physicians' practices and review of current guidelines. *European journal of gastroenterology & hepatology* 2000; 1: 111 – 117
- 416 van Veldhuizen Zanten SJO. Use of oesophageal dilatation in clinical practice. *Gut* 2005; 1: 170----
- 417 Vandenas Y, Ashkenazi A, Belli D, Boige N, Bouquet J, Cadranet S, Cezard JP, Cucchiara S, Dupont C, Geboes K, et al. A proposition for the diagnosis and treatment of gastro-oesophageal reflux disease in children: a report from a working group on gastro- oesophageal reflux disease. Working Group of the European Society of Paediatric Gastro-enterology and Nutrition (ESPGAN). *European journal of pediatrics* 1993; 9: 704 – 711
- 418 Vannier JL, Vilette M, Bouaziz H, Ibrahim H, Marty J, Desmots JM. Le bloc du nerf laryngé supérieur pour les endoscopies ORL. Description d'une technique simplifiée.; Block of the superior laryngeal nerve for ORL endoscopy. Description of a simplified technique. *Annales françaises d'anesthésie et de réanimation* 1989; 4: 379 – 381
- 419 Varghese TK, Marshall B, Chang AC, Pickens A, Lau CL, Orringer MB. Surgical treatment of epiphrenic diverticula: a 30-year experience. *The Annals of thoracic surgery* 2007; 6: 1801-9; discussion 1801-9---
- 420 Venuta F, Rendina EA, Giacomo T, Ciccone AM, Anile M, Moretti M, Coloni GF. Operative endoscopy of the airway with the old-fashioned esophageal dilators. *The Annals of thoracic surgery* 2005; 2: 718 – 719
- 421 Wada S, Noguchi T, Takeno S, Moriyama H, Hashimoto T, Uchida Y, Kawahara K. Is a metallic stent useful for non resectable esophageal cancer? *Annals of thoracic and cardiovascular surgery : official journal of the Association of Thoracic and Cardiovascular Surgeons of Asia* 2004; 4: 224 – 228
- 422 Wai Pak M, Chung Lee W, Kwok Fung H, van Hasselt CA. A prospective study of foreign-body ingestion in 311 children. *International journal of pediatric otorhinolaryngology* 2001; 1: 37 – 45
- 423 Waldmann D, Fiedler L, Lindenmaier H. Die indikation zur gastroenterologischen Glasfibrerendoskopie bei chirurgischen Patienten.; Gastrointestinal endoscopy in surgical patients (author's transl). *Zentralblatt für Chirurgie* 1977; 14: 844 – 850
- 424 Walsh DB, Steere A, Strodel WE, Dent TL. Routine endoscopy of the upper gastrointestinal tract in the evaluation of obstructive jaundice. *Surgery, gynecology & obstetrics* 1985; 2: 142 – 144
- 425 Walshe P, Brennan P, Walsh M, McConn Walsh R. Computerized tomography is not reliable in the diagnosis of brainstem infection. *The Journal of laryngology and otology* 2002; 3: 211 – 212
- 426 Walshe P, Rowley H, Hone S, Fenton J, Byrne P, Timon C. Is reflux noted at diagnostic rigid oesophagoscopy clinically significant? *The Journal of laryngology and otology* 2001; 7: 552 – 554
- 427 Wang KK. Current Strategies in the management of Barrett's esophagus. *Current gastroenterology reports* 2005; 3: 196 – 201
- 428 Wang C, Lee Y, Lou P, Yang T, Chen T, Huang C, Ko J. Unsedated transnasal esophagogastroduodenoscopy for the evaluation of dysphagia following treatment for previous primary head neck cancer. *Oral oncology* 2008: ---
- 429 Wax MK, Amiralí A, Ulewicz DE, Lough R. Safety of esophagoscopy in the irradiated esophagus. *The Annals of otology, rhinology, and laryngology* 1997; 4: 297 – 300
- 430 Waye JD. The evolution of gastrointestinal endoscopy at the Mount Sinai Hospital. *The Mount Sinai journal of medicine, New York* 2001; 2: 106 – 109
- 431 Webb WA. Esophageal dilation: personal experience with current instruments and techniques. *The American journal of gastroenterology* 1988; 5: 471 – 475
- 432 Webb WA, McDaniel L, Jones L. Foreign bodies of the upper gastrointestinal tract: current management. *Southern medical journal* 1984; 9: 1083 – 1086
- 433 Weigelt JA, Thal ER, Snyder WH, Fry RE, Meier DE, Kilman WJ. Diagnosis of penetrating cervical esophageal injuries. *American journal of surgery* 1987; 6: 619 – 622
- 434 Weiner BC. Management of oral-gastric lavage tube impaction of the esophagus. *The American journal of gastroenterology* 1986; 12: 1202 – 1204
- 435 WEISS A, PITMAN ER. Flexible esophagoscopy. *The American journal of digestive diseases* 1960: 94 – 120
- 436 Weissberg D, Refaely Y. Foreign bodies in the esophagus. *The Annals of thoracic surgery* 2007; 6: 1854 –

1857

- 437 *Welge-Lüssen A, Hauser R.* Osophagusobstruktion nach Laxantieneinnahme.; Esophageal obstruction after laxative administration. *HNO* 199706; 6: 472 – 474
- 438 *Welsh JJ, Welsh LW.* Endoscopic examination of corrosive injuries of the upper gastrointestinal tract. *The Laryngoscope* 1978; 8 Pt 1: 1300 – 1309
- 439 *Whinney D, Vowles R, Harries M.* Appropriate use of the day care unit for rigid endoscopy of the upper aerodigestive tract. *Annals of the Royal College of Surgeons of England* 1998; 2: 111 – 114
- 440 *White RK, Morris DM.* Diagnosis and management of esophageal perforations. *The American surgeon* 1992; 2: 112 – 119
- 441 Wiederaufbereitung von Medizinprodukten. *Medizinrecht* 200804; 4: 229 – 230
- 442 *Wijburg FA, Beukers MM, Heymans HS, Bartelsman JF, den Hartog Jager FC.* Nasogastric intubation as sole treatment of caustic esophageal lesions. *The Annals of otology, rhinology, and laryngology*; 4 Pt 1: 337 – 341
- 443 *Willsher PC, Clarke CP, Daniel FJ.* Dentures: difficult oesophageal foreign bodies. *The Australian and New Zealand journal of surgery* 1993; 9: 736 – 738
- 444 *Wilson RH, Campbell WJ, Spencer A, Johnston GW.* Rigid endoscopy under general anaesthesia is safe for chronic injection sclerotherapy. *The British journal of surgery* 1989; 7: 719 – 721
- 445 *Wilson JA, Murray JA, Haacke NP.* Rigid endoscopy in ENT practice. Appraisal of the diagnostic yield in a district general hospital. *The Journal of laryngology and otology* 1987; 3: 286 – 292
- 446 *Winkler AR, McClenathan DT, Borger JA, Ahmed N.* Retrograde esophagoscopy for foreign body removal. *Journal of pediatric gastroenterology and nutrition* 1989; 4: 536 – 540
- 447 *Winterhalter M, Kirchhoff K, Gröschel W, Lüllwitz E, Heermann R, Hoy L, Heine J, Hagberg C, Piepenbrock S.* The laryngeal tube for difficult airway management: a prospective investigation in patients with pharyngeal and laryngeal tumours. *European journal of anaesthesiology* 2005; 9: 678 – 682
- 448 *Wittau M, Weber D, Reher B, Link KH, Henne-Bruns D, Siech M.* "Bodypacker" als chirurgischer Notfall. Wem gehört das Rauschgift? Emergent surgery for body packing - what happens to the drugs? *Der Chirurg; Zeitschrift für alle Gebiete der operativen Medizin* 200404; 4: 436 – 441
- 449 *Wrona R, Betkowski A, Olechnowicz H.* [The danger of removing some esophageal foreign bodies by fiber optics]. *Otolaryngologia polska. The Polish otolaryngology* 1997: 341 – 344
- 450 *Wu I, Ho T, Chang C, Lee H, Chen M.* Value of lateral neck radiography for ingested foreign bodies using the likelihood ratio. *Journal of otolaryngology - head & neck surgery = Le Journal d'oto-rhino-laryngologie et de chirurgie cervico-faciale* 2008; 2: 292 – 296
- 451 *Yalçın S, Karnak I, Ciftci AO, Senocak ME, Tanyel FC, Büyükpamukçu N.* Foreign body ingestion in children: an analysis of pediatric surgical practice. *Pediatric surgery international* 2007; 8: 755 – 761
- 452 *Yang CY.* The management of ingested foreign bodies in the upper digestive tract: a retrospective study of 49 cases. *Singapore medical journal* 1991; 5: 312 – 315
- 453 *Zabala López Maturana A, Ruiz Galarreta JC, Sancho Calvo R, Sánchez Fernández JM.* [Benign esophagobronchial fistula in an adult]. *Acta otorrinolaringológica española*; 1: 63 – 66
- 454 *Zimmon DS, Tesler MA.* A controlled comparison of rigid and fiber optic esophagoscopy. *Gastrointestinal endoscopy* 1968; 4: 220 – 221

Literatur 2009-2014

- Abou-Nader, L.; Wilson, J. A.; Paleri, V. (2014): Transnasal oesophagoscopy: diagnostic and management outcomes in a prospective cohort of 257 consecutive cases and practice implications. In: *Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery* 39 (2), S. 108–113.
- Acquaviva, M. A.; Horn, N. D.; Gupta, S. K.; Acquaviva, Michael A.; Horn, Nicole D.; Gupta, Sandeep K. (2014): Endotracheal intubation versus laryngeal mask airway for esophagogastroduodenoscopy in children. In: *Journal of pediatric gastroenterology and nutrition* 59 (1), S. 54–56.
- Adhikari, P.; Bhusal, C. L.; Guragain, R. P. S.; Acharya, S.; Budhathoki, B. (2009): Role of foley's catheter in removing foreign body of oesophagus. In: *JNMA; journal of the Nepal Medical Association* 48 (173), S. 70–71.
- Alshammari, J.; Quesnel, S.; Pierrot, S.; Couloigner, V. (2011): Endoscopic balloon dilatation of esophageal strictures in children. In: *International journal of pediatric otorhinolaryngology* 75 (11), S. 1376–1379.
- Anari, S. (2010): Endoscopic rigid oesophagoscopy: a simple method to teach rigid oesophagoscopy. In: *The Journal of laryngology and otology* 124 (4), S. 424–425.
- Aronberg, Ryan M.; Puneekar, Salman R.; Adam, Stewart I.; Judson, Benjamin L.; Mehra, Saral; Yarbrough, Wendell G. (2014): Esophageal perforation caused by edible foreign bodies: A systematic review of the literature. In: *The Laryngoscope*.
- Barman, Debasis; Mandal, Satadal; Pathak, Kanchan (2013): Efficacy and safety of oesophageal coins removal using a Foley balloon catheter without fluoroscopic control (blind method). In: *Journal of the Indian Medical Association* 111 (1), S. 44–46.
- Beech, T. J.; Trotter, M. I.; McDermott, A. L.; Mandal, W.; Batch, A. J. (2010): Is there a role for flexible oesophagogastrosopy in upper aerodigestive tract squamous cell carcinoma? In: *The Journal of laryngology and otology* 124 (4), S. 417–419.
- Bergquist, Henrik; Bove, Mogens (2009): Eosinophilic esophagitis in adults: An ear, nose, and throat perspective. In: *The Laryngoscope* 119 (8), S. 1467–1471.
- Cashman, E. C.; Donnelly, M. J. (2010): The natural history of globus pharyngeus. In: *International journal of otolaryngology* 2010, S. 159630.
- Cevik, Muazez; Gökdemir, Mehmet Tahir; Gökdemir, Mehmet Tahir; Boleken, Mehmet Emin; Sogut, Ozgur; Kurkuoglu, Can (2013): The characteristics and outcomes of foreign body ingestion and aspiration in children due to lodged foreign body in the aerodigestive tract. In: *Pediatric emergency care* 29 (1), S. 53–57.
- Cha, J. M.; Jeun, J. W.; Pack, K. M.; Lee, J. I.; Joo, K. R.; Shin, H. P. et al. (2013): Risk of sedation for diagnostic esophagogastroduodenoscopy in obstructive sleep apnea patients. In: *World journal of gastroenterology* 19 (29), S. 4745–4751.
- Cheng, Chia-Chi; Fang, Tuan-Jen; Lee, Ta-Jen; Lee, Li-Ang; Chen, Tsung-Ming; Chen, Chin-Kuo et al. (2012): Role of flexible transnasal esophagoscopy and patient education in the management of globus pharyngeus. In: *Journal of the Formosan Medical Association = Taiwan yi zhi* 111 (3), S. 171–175.
- Chong, Vui Heng (2012): Esophagogastroduodenoscopy has a role in the evaluation of laryngopharyngeal reflux. In: *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 269 (6), S. 1721–1722.
- Chung, Eun-Jae; Rho, Young-Soo; Jung, Kwang-Yoon; Kim, Jae-Wook; Lee, Seung-Won (2014): The Role of Transnasal Esophagoscopy in ENT Office: A Prospective, Multicenter Study in Korea. In: *Clinical and experimental otorhinolaryngology* 7 (2), S. 123–125.
- Crockett, S. D.; Sperry, S. L. W.; Miller, C. Brock; Shaheen, N. J.; Dellon, E. S. (2013): Emergency care of esophageal foreign body impactions: timing, treatment modalities, and resource utilization. In: *Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus / I.S.D.E* 26 (2), S. 105–112.
- Daniel, M.; Kamani, T.; Nogueira, C.; Jaberoo, M-C; Conboy, P.; Johnston, M.; Bradley, P. (2010): Perforation after rigid pharyngo-oesophagoscopy: when do symptoms and signs develop? In: *The Journal of laryngology and otology* 124 (2), S. 171–174.
- Dawe, N.; Puvanendran, M.; Flood, L. (2013): Unwitnessed lithium ion disc battery ingestion: case report and review of best practice management of an increasing clinical concern. In: *The Journal of laryngology and otology* 127 (1), S. 84–87.
- Duval, Melanie; Tarasidis, George; Grimmer, J. Fredrik; Muntz, Harlan R.; Park, Albert H.; Smith, Marshall et al. (2014): Role Of Operative Airway Evaluation In Children With Recurrent Croup: A Retrospective Cohort Study. In: *Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery*.
- Dzeletovic, Ivana; Ekbohm, Dale C.; Baron, Todd H. (2012): Flexible endoscopic and surgical management of Zenker's diverticulum. In: *Expert review of gastroenterology & hepatology* 6 (4), S. 449–65; quiz 466.
- El-Asmar, Khaled Mohamed (2013): Topical Mitomycin C application for esophageal stricture: safe, precise, and novel endoscopic technique. In: *Journal of pediatric surgery* 48 (6), S. 1454–1457.
- Enns, Robert (2010): Missed cancers in the upper gastrointestinal tract after esophagogastroduodenoscopy. In: *Gastroenterology & hepatology* 6 (11), S. 691–693.
- Fang, Rui; Sun, Jingwu; Hu, Yanming; Yao, Kun; Hu, Wei (2010): Endoscopic removal of esophageal impacted dentures. In: *The Annals of otology, rhinology, and laryngology* 119 (4), S. 249–251.

- Feussner, H. (2011): Zenker-Divertikel: Pro Operation. In: *Der Chirurg; Zeitschrift für alle Gebiete der operativen Medizen* 82 (6), S. 484, 486-9.
- Fisher, Jeremy; Mittal, Rohit; Hill, Sarah; Wulkan, Mark L.; Clifton, Matthew S. (2013): Yield of chest radiography after removal of esophageal foreign bodies. In: *Pediatrics* 131 (5), S. e1497-501.
- Gavriel, Haim; Duong, Cuong; Spillane, John; Sizeland, Andrew (2013): Bidirectional esophageal dilatation in pharyngoesophageal stenosis postradiotherapy. In: *Head & neck* 35 (5), S. 733–737.
- Göktas, Onder; Snidero, Silvio; Jahnke, Volker; Passali, Desiderio; Gregori, Dario (2010): Foreign body aspiration in children: field report of a German hospital. In: *Pediatrics international : official journal of the Japan Pediatric Society* 52 (1), S. 100–103.
- Gregori, Dario; Scarinzi, Cecilia; Morra, Bruno; Salerni, Lorenzo; Berchiolla, Paola; Snidero, Silvia et al. (2010): Ingested foreign bodies causing complications and requiring hospitalization in European children: results from the ESFBI study. In: *Pediatrics international : official journal of the Japan Pediatric Society* 52 (1), S. 26–32.
- Hariga, Inès; Khamassi, Khaled; Zribi, Sarra; Amor, Mohamed Ben; Gamra, Olfa Ben; Mbarek, Chiraz; Khedim, Abdelkader El (2014): Management of foreign bodies in the aerodigestive tract. In: *Indian journal of otolaryngology and head and neck surgery : official publication of the Association of Otolaryngologists of India* 66 (Suppl 1), S. 220–224.
- Hill, Courtney A.; Ramakrishna, Jyoti; Fracchia, M. Shannon; Sternberg, Daniel; Ojha, Shilpa; Infusino, Scott; Hartnick, Christopher J. (2013): Prevalence of eosinophilic esophagitis in children with refractory aerodigestive symptoms. In: *JAMA otolaryngology-- head & neck surgery* 139 (9), S. 903–906.
- Horiuchi, Akira; Nakayama, Yoshiko; Kajiyama, Masashi; Tanaka, Naoki (2012): Effectiveness of outpatient percutaneous endoscopic gastrostomy replacement using esophagogastroduodenoscopy and propofol sedation. In: *World journal of gastrointestinal endoscopy* 4 (2), S. 45–49.
- Kakushima, N.; Hotta, K.; Tanaka, M.; Kawata, N.; Sawai, H.; Imai, K. et al. (2012): Anterior arytenoid cartilage dislocation, a rare complication of esophagogastroduodenoscopy. In: *Endoscopy* 44 Suppl 2 UCTN, S. E363.
- Keck, Tilman; Rozsasi, Ajnacska; Grün, Philipp M. (2010): Surgical treatment of hypopharyngeal diverticulum (Zenker's diverticulum). In: *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 267 (4), S. 587–592.
- Khalil, Q.; Gopalswamy, N.; Agrawal, S.; Khalil, Qasim; Gopalswamy, Narasimh; Agrawal, Sangeeta (2014): Missed esophageal and gastric cancers after esophagogastroduodenoscopy in a midwestern military veteran population. In: *Southern medical journal* 107 (4), S. 225–228.
- Kominek, P.; Zelenik, K.; Vitek, P.; Urban, O.; Kajzrlíkova, I.; Hanousek, M. (2012): Can be flexible esophagogastroduodenoscopy useful for diagnosis of early laryngeal and hypopharyngeal carcinomas? In: *MO167*. Online verfügbar unter <http://www.worldcat.org/oclc/798910280>.
- Kortequee, S.; Karkos, P. D.; Atkinson, H.; Sethi, N.; Sylvester, D. C.; Harar, R. S. et al. (2013): Management of globus pharyngeus. In: *International journal of otolaryngology* 2013, S. 946780.
- Leahy, Travis William; Kuthubutheen, Jafri (2011): Ingested bony foreign body abutting thoracic aorta. In: *BMJ case reports* 2011.
- Loh, Woei-Shyang; Eu, Donovan K. C.; Loh, Shaun R. H.; Chao, Siew-Shuen (2012): Efficacy of computed tomographic scans in the evaluation of patients with esophageal foreign bodies. In: *The Annals of otology, rhinology, and laryngology* 121 (10), S. 678–681.
- Lorenz, Kai J.; Maier, H. (2010): Secondary tracheo-oesophageal fistula creation without rigid oesophagoscopy: how we do it. In: *Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery* 35 (1), S. 61–65.
- Luers, J. C.; Bovenschulte, H.; Beutner, D. (2012): Hypopharynxperforation nach Ösophagogastroduodenoskopie. In: *Deutsche medizinische Wochenschrift (1946)* 137 (20), S. 1045–1048.
- Marom, Tal; Goldfarb, Abraham; Russo, Eyal; Roth, Yehudah (2010): Battery ingestion in children. In: *International journal of pediatric otorhinolaryngology* 74 (8), S. 849–854.
- Mitrović, Slobodan M.; Karan, Sasa; Karan, Jelena Vucković; Vucinić, Predrag (2014): Oesophageal food bolus impaction in elderly people. In: *Medicinski pregled* 67 (1-2), S. 33–37.
- Monnier, Philippe; Jaquet, Yves; Radu, Alexandre; Pilloud, Raphaëlle; Grosjean, Pierre; Escher, Anette et al. (2010): Extensive (8 to 12 cm²) noncircumferential endoscopic mucosal resection for early esophageal cancer. In: *The Annals of thoracic surgery* 89 (6), S. S2151-5.
- Nadir, A.; Sahin, E.; Nadir, I.; Karadayi, S.; Kaptanoglu, M. (2011): Esophageal foreign bodies: 177 cases. In: *Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus / I.S.D.E* 24 (1), S. 6–9.
- Nakaminato, Shuichiro; Toriihara, Akira; Makino, Tomoko; Kawano, Tatsuyuki; Kishimoto, Seiji; Shibuya, Hitoshi (2012): Prevalence of esophageal cancer during the pretreatment of hypopharyngeal cancer patients: routinely performed esophagogastroduodenoscopy and FDG-PET/CT findings. In: *Acta oncologica (Stockholm, Sweden)* 51 (5), S. 645–652.
- N'Gattia, K. V.; Kacouchia, N. B.; Kouassi, Y. M.; Vroh Bi, T. S.; Mobio, N. M.; Kouassi-Ndjeundo, J. et al. (2011): Extraction de corps étrangers oesophagiens par voie de cervicotomie: à propos de 9 cas. In: *Revue de laryngologie - otologie - rhinologie* 132 (2), S. 123–128.
- Nielsen, Hans Ulrik Kjaerem; Trolle, Waldemar; Rubek, Niclas; Homøe, Preben (2014): New technique using LigaSure for endoscopic mucomyotomy of Zenker's diverticulum: diverticulotomy made easier. In: *The Laryngoscope* 124 (9), S. 2039–2042.

- Novikov, V. N.; Lozhkina, N. V. (2014): [Stenting of the oesophagus and oesophageal anastomoses in the case of neoplastic stenosis]. In: *Vestnik khirurgii imeni I. I. Grekova* 173 (2), S. 14–17.
- Orji, Foster Tochukwu; Akpeh, James O.; Okolugbo, Nekwu E. (2012): Management of esophageal foreign bodies: experience in a developing country. In: *World journal of surgery* 36 (5), S. 1083–1088.
- Pudar, Goran; Vlaski, Ljiljana (2010): [Esophageal foreign bodies: retrospective study in 203 cases]. In: *Medicinski pregled* 63 (3-4), S. 254–257.
- Rajasekaran, S.; Hackbarth, R. M.; Davis, A. T.; Kopec, J. S.; Cloney, D. L.; Fitzgerald RK et al. (2014): The safety of propofol sedation for elective nonintubated esophagogastroduodenoscopy in pediatric patients. In: *Pediatric critical care medicine* 15 (6), S. e261-9.
- Rathore, P. K.; Raj, A.; Sayal, A.; Meher, R.; Gupta, B.; Girhotra, M. (2009): Prolonged foreign body impaction in the oesophagus. In: *Singapore medical journal* 50 (2), S. e53-4.
- Riphaus, A.; Bitter, H. (2012): S3-Leitlinie Sedierung in der gastrointestinalen Endoskopie: Kurzfassung apparativer, personeller und struktureller Voraussetzungen und juristische Implikationen bei der Umsetzung. In: *Z Gastroenterol* 50 (04), S. 407–410.
- Riphaus, A.; Wehrmann, T. (2011): Sedierung in der gastrointestinalen Endoskopie. In: *coloproctology* 33 (5), S. 325–336.
- Riphaus, A.; Wehrmann, T.; Weber, B.; Arnold, J.; Beilenhoff, U.; Bitter, H. et al. (2009): 1. S3-Leitlinie „Sedierung in der gastrointestinalen Endoskopie“ 2008 – (AWMF-Register-Nr. 021/014) Teil II. In: *Endo-Praxis* 25 (02), S. 17–27.
- Russell, Robert; Lucas, Alan; Johnson, Joffre; Yannam, Govarhana; Griffin, Russell; Beierle, Elizabeth et al. (2014): Extraction of esophageal foreign bodies in children: rigid versus flexible endoscopy. In: *Pediatric surgery international* 30 (4), S. 417–422.
- Rybojad, Beata; Niedzielska, Grazyna; Niedzielski, Artur; Rudnicka-Drozak, Ewa; Rybojad, Pawel (2012): Esophageal foreign bodies in pediatric patients: a thirteen-year retrospective study. In: *TheScientificWorldJournal* 2012, S. 102642.
- Ryom, Philip; Ravn, Jesper Bohsen; Penninga, Luit; Schmidt, Susanne; Iversen, Maria Gerding; Skov-Olsen, Peter; Kehlet, Henrik (2011): Aetiology, treatment and mortality after oesophageal perforation in Denmark. In: *Danish medical bulletin* 58 (5), S. A4267.
- Sabirin, Junainah; Abd Rahman, Maharita; Rajan, Philip (2013): Changing trends in oesophageal endoscopy: a systematic review of transnasal oesophagoscopy. In: *ISRN otolaryngology* 2013, S. 586973.
- Saki, N.; Rahim, F.; Nikaghlagh, S.; Saki, G. (2009): Meta analysis of the leech as a live foreign body: detection, precaution and treatment. In: *Pakistan journal of biological sciences: PJBS* 12 (24), S. 1556–1563.
- Schaefer, Steven D. (2014): Management of acute blunt and penetrating external laryngeal trauma. In: *The Laryngoscope* 124 (1), S. 233–244.
- Schmidt, H.; Hörmann, K.; Stasche, N. (2010): HNO-Leitlinie Osophagoskopie. In: *Laryngo- rhino- otologie* 89 (9), S. 540–543.
- Schmidt, Horst; Stasche, Norbert; Keller, Andreas; Hörmann, Karl (2010): Tracheobronchoscopy and esophagoscopy in current ear-nose-throat practice: an update. In: *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 267 (2), S. 311–316.
- Schrom, T.; Amm, S. (2009): Ungewöhnlicher Osophagusfremdkörper im Rahmen eines Autoaggressionssyndroms. In: *Laryngo- rhino- otologie* 88 (4), S. 253–256.
- Seth, Avnish Kumar; Puri, Pankaj; Chandra, Alok (2010): Role of ultrathin transnasal esophagogastroduodenoscopy: experience with 50 patients. In: *Indian journal of gastroenterology : official journal of the Indian Society of Gastroenterology*.
- Sharma, S. J.; Linke, J. J.; Kroll, T.; Klufmann, J-P; Guntinas-Lichius, O.; Wittekindt, C. (2013): Praxis der Tumorendoskopie an deutschen HNO-Kliniken. In: *Laryngo- rhino- otologie* 92 (3), S. 166–169.
- Singh, Amit; Bajpai, Minu; Panda, Shashanka Shekhar; Chand, Karunesh; Jana, Manisha; Ali, Abid (2014): Oesophageal foreign body in children: 15 years experience in a tertiary care paediatric centre. In: *African journal of paediatric surgery : AJPS* 11 (3), S. 238–241.
- Sokouti, Mohsen; Golzari, Samad Ej; Pezeshkian, Masoud; Farahnak, Mohammad-Reza (2013): The Role of Esophagogastric Anastomotic Technique in Decreasing Benign Stricture Formation in the Surgery of Esophageal Carcinoma. In: *Journal of cardiovascular and thoracic research* 5 (1), S. 11–16.
- Sordi, Marina de; Mourão, Lucia Figueiredo; Silva, Ariovaldo Armando da; Flosi, Luciana Claudia Leite (2009): Interdisciplinary evaluation of dysphagia: clinical swallowing evaluation and videoendoscopy of swallowing. In: *Brazilian journal of otorhinolaryngology* 75 (6), S. 776–787.
- Streckfuss, Alexandra; Bosch, Nikolaus; Plinkert, Peter K.; Baumann, Ingo (2014): Transnasal flexible esophagoscopy (TNE): an evaluation of the patient's experience and time management. In: *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery* 271 (2), S. 323–328.
- Tsao, Gabriel J.; Damrose, Edward J. (2010): Complications of esophagoscopy in an academic training program. In: *Otolaryngology-head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery* 142 (4), S. 500–504.
- Tsikoudas, A.; Vijendren, A.; Haloob, N.; Mochloulis, G. (2015): Impact of Otolaryngology in the diagnosis of early oesophageal malignancy. In: *The surgeon : journal of the Royal Colleges of Surgeons of Edinburgh and Ireland*.

- Unadkat, Samit N.; Talwar, Rishi; Tolley, Neil (2010): The eye in the neck: removal of a sewing needle from the posterior pharyngeal wall. In: *Case reports in medicine* 2010, S. 608343.
- Upadhyaya, Eti V.; Srivastava, Punit; Upadhyaya, Vijay D.; an Gangopadhyay; Sharma, Sp; Gupta, Dk; Hassan, Zaheer (2009): Double coin in esophagus at same location and same alignment - a rare occurrence: a case report. In: *Cases journal* 2, S. 7758.
- Vallot, Thierry; Ducrotte, Philippe; Bour, Bruno; Jacques, Jean-Paul; Houcke, Philippe; Korwin, Jean-Dominique de et al. (2013): Application des recommandations de la conférence de consensus devant des symptômes ORL, respiratoires ou des douleurs thoraciques considérés comme dus à un reflux gastro-œsophagien. In: *Presse médicale (Paris, France : 1983)* 42 (5), S. e125-32.
- Varadharajan, Kiran; Magill, Jennifer; Patel, Kalpesh (2014): An ingested foreign body: two sides of the same coin? In: *BMJ case reports* 2014.
- Vent, Julia; Preuss, Simon F.; Eslick, Guy D. (2010): Dysphagia as a cause of chest pain: an otolaryngologist's view. In: *The Medical clinics of North America* 94 (2), S. 243–257.
- Venugopal, M.; Sagesh, M. (2012): Partial denture-- an ENT surgeon's nightmare. In: *Journal of the Indian Medical Association* 110 (11), S. 838–839.
- Vilas-Boas, Filipe; Pereira, Pedro; Baldaque-Silva, Francisco; Ribeiro, Armando; Rodrigues, Susana; Ramalho, Rosa; Macedo, Guilherme (2014): Esophageal intramural dissection after rigid esophagoscopy. In: *Gastrointestinal endoscopy* 79 (6), S. 996–997.
- Wahid, Fazal I.; Rehman, Habib Ur; Khan, Iftikhar Ahmad (2014): Management of foreign bodies of upper digestive tract. In: *Indian journal of otolaryngology and head and neck surgery : official publication of the Association of Otolaryngologists of India* 66 (Suppl 1), S. 203–206.
- Wang, Cheng-Ping; Tseng, Ping-Huei; Chen, Tseng-Cheng; Lou, Pei-Jen; Yang, Tsung-Lin; Hu, Ya-Ling et al. (2013): Transnasal esophagogastroduodenoscopy for evaluation of upper gastrointestinal non-neoplastic disorders in patients with fresh hypopharyngeal cancer. In: *The Laryngoscope* 123 (4), S. 975–979.
- Wennervaldt, Kasper; Melchior, Jacob (2012): Risk of perforation using rigid oesophagoscopy in the distal part of oesophagus. In: *Danish medical journal* 59 (11), S. A4528.
- Wexler, Sonya J.; Wernick, Brian; Soliman, Ahmed M. S. (2014): Use of flexible esophagoscopy by otolaryngologists. In: *The Annals of otology, rhinology, and laryngology* 123 (1), S. 5–10.
- Williams, Paul; Jameson, Samuel; Bishop, Phyllis; Sawaya, David; Nowicki, Michael (2013): Esophageal foreign bodies and eosinophilic esophagitis--the need for esophageal mucosal biopsy: a 12-year survey across pediatric subspecialties. In: *Surgical endoscopy* 27 (6), S. 2216–2220.
- Zhu, Zhenghua; Li, Wei; Zhang, Lei; Hu, Jiongjiang; Wang, Weihua; Ma, Zhaoxin (2014): The predictive role of dual source CT for esophageal foreign bodies. In: *American journal of otolaryngology* 35 (2), S. 215–218.

Verfahren zur Konsensbildung:

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