

Case Report of Caustic Esophageal Strictures treated with Endoscopic Dilation

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Introduction

Ingestion of corrosive substances remains an important public health problem mostly in developing countries. Caustic ingestion can cause severe injury to the esophagus and the stomach. Adults who ingest caustic agents as a suicide attempt usually swallow larger amounts of these agents when compared to children, who usually accidentally ingest them; therefore, adults are prone to have more severe esophageal and gastric damage.

The clinical features of caustic ingestion vary widely, because it induces an extensive spectrum of injuries to the aerodigestive tract, and early signs and symptoms may not correlate with the severity and extent of tissue injury. Esophageal strictures are the most common complication of caustic ingestion. They usually develop within two months of corrosive ingestion, although it can occur as early as three weeks to years after ingestion. Patients with esophageal strictures usually present with dysphagia. Findings on barium swallow include solitary or multiple strictures of varying lengths, and intramural pseudodiverticula. The management of esophageal strictures has evolved and the development of endoscopic techniques has replaced surgical treatment.

Case Report

Brazilian male patient, 27-year-old, born in the State of Sao Paulo, unemployed, Catholic. He was admitted to the Emergency Department at HESAP in August/2018 complaining of dysphagia and sialorrhea that had begun about 15 days before. He denied any past medical history, however when questioned he admitted he had ingested a caustic agent as a suicide attempt about one month before, that did not require hospitalization. He stated he had regretted the act, and no longer had suicidal thoughts. Physical examination was unremarkable. Barium contrast esophagram [figures below] showed focal stenosis at the end of the upper third

of the esophagus, and narrowing of the esophagus diameter in the middle and in the lower thirds.

Upper endoscopy showed severe stenosis around the 24th centimeter from the upper dental arch. As management for this patient, we have planned slowly repeat dilations to minimize the risk of esophageal perforation. Moreover, multiple sessions are usually required for adequate dilation.

Discussion

The case reported above is an example of how important is the assessment of the medical history when the patient complains of dysphagia. Patients with a high pretest probability of complex (tortuous) stricture (eg, history of caustic ingestion or radiation therapy) should be referred for a barium contrast esophagram as the initial test. After the barium esophagram, upper endoscopy is indicated to determine the underlying cause, exclude malignancy, and perform therapy (eg, dilation) if needed [1-10].



Barium contrast esophagram showing focal stenosis at the end of the upper third of the esophagus, and narrowing of the esophagus diameter in the middle and in the lower thirds.

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