Corrosive injuries

Strong acid

- Coagulation necrosis with limit the depth of injury.

Bleach and phosphate detergents

- Are irritants that rarely produce significant injury.

Viscous alkali

- Liquefaction necrosis and increase the depth of injury.
- Pass rapidly through upper esophagus .

- Affect physiologic points:
- -- cricopharyngeus.
- -- near tracheal bifurcation.
- -- distal thoracic esophagus.
- --stomach and adjacent intra abdominal

order

- 1- Admitted to the hospital.
- 2- NPO.(dilution or emesis is not helpful)
- 3- Fluid resuscitation + broad antibiotic.
- 4- Early administration of corticosteroid don’t limit depth of injury.
- 5- Intubation or trachestomy.
- 6- Rapid evaluations with flex. Esophagoscopy(smallest + limit insufflation).

Grading of caustic injury

- First: mucosal edema and hyperemia.
- Second: blisters with vesicle and pseudomembrane.
- Third: deep ulcers with eschar.

First degree

- - no specific treatment.
- - stricture is low.

Second and third degree

- Allowed to reepithelialized, early dilation may increase stricture and perforation.
- Clinical assessment → detect and treat necrosis
- Peritonitis and mediastinitis: resection of involved organ or organs with delayed reconstruction.
- TEF: esophageal resection and exclusion and tracheostomy.

- Reconstruction delayed for several month.

Late management

- Dilation begin e few weeks after injury.
- Retrograde dilation technique proposed safest method.
- Short stricture: repeat dilation and corticosteroid injection or biodegradable stent.
- Colon interposition is preferred replacment but stomach if not injured is now organ of choice.

perforation

- Most common →iatrogenic injury.
- Pneumatic dilation: 17% caustic injury

  2% -16% achalasia

  0.05% diagnostic endoscopy

Order for perforation

- 1- fluid resuscitation + iv AB.
- 2- SURGERY: acute:
- debridement of infected or necrotic tissue.
- Closer of perforation site
- Treatment of underlying esophagealpathology
- Drainage of mediastainum.

Delay diagnosis

- Primary repair less likely.
- Debridement
- Drainage and resection
- Cervical → drainage without repair.
- Descending mediastinitis→ cervical+ thorax incision.
- P. cancer → self-ex covered metallic stent.
- esophagectomy