

GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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A study of clinical and endoscopic profile of acute corrosive injury of the UGI tract: A single centre study

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Introduction: Corrosive injuries are one of the important public health issues especially in developing countries like India causing a spectrum of complications.

Aim: To review clinical and endoscopic findings of patients with acute corrosive injury and management of these patients.

Methods: In this prospective study, clinical data of 61 patients were collected from July 2016 to July 2017 who came at our centre with corrosive ingestion within 48 hrs. Full clinical examination was done and chest x ray was taken. Patients with no evidence of perforation underwent upper GI endoscopy and initial conservative management was instituted. Corrosive injuries were graded by Zargar's classification.

Results: Out of 61 patients, complete evaluation was possible only in 53 patients. 37 male and 16 female patients were evaluated and mean age was 29 years. Mean time interval of presentation was 17 hours and volume of corrosive ingestion was 20 to 150 ml. Most common corrosive in our study were acids that included hydrochloric acid (n=28), phenyl (n=9), sulphuric acid (n=2), nitric acid (n=2), aqua regia (n=1) along with alkali (n=9) and two cases of kerosene ingestion. Five cases were accidental while 48 cases were of suicidal ingestion. Most common clinical feature in our study were oropharyngeal injuries (n=43), epigastric pain (n=34), sialorrhoea (n=31), vomiting (n=30), odynophagia (n=25) and dysphagia (n=23). 46 patients had esophageal injuries (grade 1=27, 2a=9, 2b=5 and 3=5) while 40 patients had gastric injuries (grade 1=18, 2a=9, 2b=5 and 3=8). Ryle's Tube (RT) insertion was done in six patients with grade 2b and 3 injuries. Patients who came for review after 4 to 8 weeks improved spontaneously with grade 1 and 2a injuries. Five patients with 2b and 3 injuries required feeding jejunostomy initially while all six patients with RT required dilatation after four weeks.

Conclusion: Patients with acute corrosive injury can be assessed reliably and accurately by upper GI endoscopy and proper clinical examination and managed accordingly.

Biography

Ravi Anand is currently pursuing his DM Gastroenterology Degree from a prestigious medical college and hospital from Chennai located in south India. He has completed his MBBS and MD Medicine from Banaras Hindu University. He is interested in field of luminal gastroenterology and various endoscopic procedures. He was working in the gastroenterology department before joining his DM course immediately after passing his MD Medicine and gained his initial training in various endoscopic procedures there. His main aim is to bring the benefit of the best of gastroenterology for the people who are still in need of it for better diagnosis and management of their illness.

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