

Treatment of patients with ingestion of caustic substances

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Presentation

Nurses

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The speaker presented an overview of caustic substance ingestion management, emphasizing early CT imaging over endoscopy for risk stratification and a conservative treatment approach for most injuries, with endoscopic dilation reserved for late stricture complications.

KEY POINTS

- The speaker stated that CT scan performed at least six hours post-ingestion with and without IV contrast offers higher diagnostic efficacy than endoscopy for assessing injury severity, with CT grade 3 indicating transmural necrosis requiring surgical management.
- Endoscopy should be performed within 24 to 48 hours according to the speaker, with avoidance after 48 hours due to increased perforation risk; the Zargar classification grades mucosal injury with grade 3A and 3B associated with high stricture risk and grade 4 with 65% mortality.
- The speaker reported that alkalis are generally more harmful than acids because they cause deeper tissue penetration through liquefactive necrosis, while acids cause coagulative necrosis forming a protective eschar.
- Up to 45% of patients may not have oral cavity lesions on examination and normal baseline laboratory values do not exclude serious injury, the speaker stated.
- For stricture management, the speaker stated endoscopic balloon dilation should start 3 to 6 weeks after ingestion with intervals of 1 to 3 weeks, with clinical response expected after five sessions; intralesional triamcinolone infusion has shown promising results but no formal recommendations exist.
- The speaker emphasized that inducing vomiting, attempting pH neutralization, and early nasogastric tube placement should be avoided as they can worsen injury; the speaker stated there is no consensus on pharmacological treatment with PPIs, antibiotics, or steroids.

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