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Summary

Early onset life-long impact: Caustic injury/atresia (Complete Session)

UEG Week Berlin 2025 | Presentation

Oesophagus | Paediatrics

October 6, 2025

Two complex caustic injury cases illustrate the challenges of managing oesophageal strictures and tracheo-oesophageal fistulas in both adults and children, requiring individualised treatment decisions between endoscopic dilation and surgery.

KEY POINTS

- The speaker presented an adult case where a 31-year-old male with severe caustic injury developed complex long-segment strictures that were refractory to dilation, ultimately requiring robotic oesophagectomy with gastric tube reconstruction after initial nutritional support via jejunostomy.
- A paediatric case demonstrated button battery ingestion in a 19-month-old presenting with respiratory symptoms two weeks post-ingestion, with endoscopy revealing severe oesophageal necrosis and later development of a tracheo-oesophageal fistula.
- The speaker recommended acetic acid flush (50 to 150 millilitres of 0.25 percent solution) once after button battery removal to neutralise the alkaline pH that rises to 12 with these batteries, based on evidence from piglet studies showing reduced mucosal damage.
- Initial management of caustic injuries includes CT imaging to assess severity and rule out perforation, with endoscopy typically performed within 12 to 24 hours in children, though evidence for this timing is limited.
- The speaker stated there is no strong evidence supporting routine use of nasogastric tubes to maintain oesophageal patency, prophylactic antibiotics, or proton pump inhibitors in uncomplicated caustic injuries.
- Complex strictures with long segments and no endoscope passage often require repeated dilations or surgical intervention, with the speaker emphasising that each case requires individualised assessment considering patient age, nutritional status, and extent of injury.

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