

Symptoms may not adequately predict extent of injury in pediatric patients after a caustic ingestion

To the Editor:

We read with interest the article by Betalli et al¹ on a prospectively enrolled cohort of 162 pediatric patients <15 years old who all underwent EGD after ingestion (known or suspected) of a caustic agent with a pH <2 or >12. They reported that, in this highly selected group, the severity of esophageal damage increases with the number of signs and symptoms, minor symptoms may be associated with significant injury, and the prevalence of patients with grade 3 lesions without any signs or symptoms was low and, therefore, endoscopy could be avoided in asymptomatic patients. Yet, their data include 2 asymptomatic children with grade 3 esophageal injury. The investigators cite our editorial to support their recommendations. The citation, however, is somewhat out of context because our conclusions were “(pediatric) patients with a strongly suspected ingestion, especially ingestion of a strong alkali, patients with oral burns and symptomatic patients should (all) undergo endoscopic evaluation within 12-24 hours after the ingestion.”² Our recommendation for avoidance of endoscopy was only in cases of dubious ingestion in pediatric patients who were entirely asymptomatic and, therefore, not applicable to the highly selected group reported. In the present series, 74% of patients with grade 3 injury developed esophageal strictures. Although the 2 asymptomatic children with grade 3 injury did not, they may be at risk for other serious long-term complications, such as motility disorders and carcinoma. The extent of their injury would not have been initially recognized if the author’s recommendations were applied. Betalli et al¹ categorized these children as having undergone an “accidental-deliberate ingestion,” a well-recognized consequence of nonoriginal container use, which results in high-volume ingestions, especially of alkali products. The correlation of a lack of symptoms to a lack of injury cannot be applied to adolescents and adults who intentionally ingest a caustic substance.^{3,4} Nevertheless, the investigators are to be congratulated for their contribution to the literature of this difficult management issue.

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Response:

We thank Drs Kay and Wyllie for their comments on the pros and cons of EGD in the setting of caustic ingestion in children. What we picked up from their conclusions was that “a solution to this problem (lack of evidence) could be a national database in which pediatric gastroenterologists, pediatricians, and pediatric emergency physicians could enter data on the frequency, evaluation, and outcome of caustic ingestions in children.”

In our study we found that only 2 of 70 (2.8%) asymptomatic patients had relevant lesions at EGD. These 2 patients did not have stenosis, making us wonder whether they have been overscored.

We truly believe that the main message of our study is that EGD should be performed in symptomatic and not in asymptomatic patients.

We entirely agree with Drs Kay and Wyllie that asymptomatic children in whom the ingestion is also dubious should not undergo endoscopy, whereas a higher index of suspicion for esophageal lesions might be adopted with high-volume, accidental-deliberate ingestions.

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Chromoendoscopy with indigo carmine dye added to acetic acid in the diagnosis of gastric neoplasia

To the Editor:

We read with great interest the recent article by Sakai et al¹ in which conventional endoscopy failed to identify