

LETTER TO THE EDITOR

Balloon Dilatation in Congenital Esophageal Stenosis

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DEAR SIR

Congenital Esophageal Stenosis (CES) is a rare malformation [1]. Its management remains a matter of controversy and revolves between dilation and surgery. We are presenting our experience of endoscopic dilatation of CES. From January 1990 to December 2015, 18 patients with CES diagnosed by upper gastrointestinal contrast study in the pediatric surgery department of Monastir were reviewed. The pH measurement was normal in all cases. All these children underwent endoscopic dilation. The dilatation was performed under general anesthesia, with guidewire and spot fluoroscopy, using hydrostatic dilators. The dilatation was considered effective if there was a satisfactory balloon expansion with stable pressure. Esophageal opacification was carried out systematically at the end of the expansion checking for perforation or laceration. Antibiotics were not given systematically. In absence of complications, the child was fed two hours later and discharged on the same day.

In our series there were 8 boys and 10 girls. The mean age was 26 months. Eighty percent of the children were older than 6 months. Esophageal atresia type 3 was associated with CES in five cases (26%). The CES clinical symptoms were dominated by dysphasia (83%). CES was localized in the lower esophagus in 12 infants (67%), in the mid-esophagus in 3 patients (16%) and in the upper esophagus in 2 cases (11%). Esophageal endoscopy was performed in 12 children (66%); this helped locate the stenosis and confirmed the absence of peptic esophagitis. Dilation was performed with an average of two

dilations per child (2 to 6 expansions), for an average period of 6 months (range: 2 months to 12 months). Esophageal perforation complicated 12 balloon expansions (66%). The management of this perforation consisted of a digestive rest and antibiotic therapy for 7 days to 20 days. With favorable outcome in all cases. The follow up was 11 years on average, with a range from 16 months to 24 years. None of our patients required surgery. They were asymptomatic with normal growth.

We adopted esophageal dilatation as a treatment option for all types of CES and achieved encouraging results. We prefer hydrostatic dilation because it enables expanding force to focus on the stenotic segment which is more effective and safer. Perforation of esophagus during dilation procedure is a possible complication [2,3]. In our experience; the perforation rate was higher than the literature but it was amenable to conservative treatment without any mortality.

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