IS-029  Effect of intralesional or systemic dexamethasone for esophageal strictures in children

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[Objective] Intralesional injection of corticosteroids after dilation of esophageal strictures has been suggested to increase the efficacy of dilation and decrease the requirement for repeated dilations. We assessed the additional effect of dexamethasone on dilations for children with esophageal strictures.

[Patients and Method] Five patients were included in the study. Four had anastomotic strictures (2 congenital esophageal stenoses, 2 esophageal atresias), and one had peptic reflux stricture. All patients had severe dysphagia. Dexamethasone was injected intralesionally (DIL) using an endoscopic varices sclerotherapy needle immediately after balloon or string-guided bougie dilation.

[Results] 3 cases (2 anastomotic strictures and 1 peptic stricture) had undergone more than 10 dilations before the application of dexamethasone. In 2 of these 3 cases, the stricture was completely removed within 4 consequent dilations with DIL, whereas one anastomotic stricture remained unimproved after 7 dilations with DIL. This patient then received systemic administration of dexamethasone (1mg/mg/day, iv 7 days, 0.75 mg/kg/day po 7 days), which dramatically improved the dysphagia. In the last 2 cases, we applied DIL from the initial dilation, and symptoms dramatically improved within two dilations. Transient Cushing syndrome was evident in the case that received systemic dexamethasone.

[Conclusions] Dilation with DIL is an effective treatment to resolve esophageal strictures in children. In cases resistant to DIL, systemic dexamethasone is an effective and feasible choice.