
Letter to the Editor

Alkali and Acid Injuries of the Upper Gastrointestinal Tract

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Dear Editor

We present a 3.5 years old boy who was admitted to pediatric emergency ward with grade 2 burning of the chest skin and oropharynx.

He had accidentally ingested alkaline solution (chante-household drain clear) one hour before admission.

He had pain, agitation, vomiting and dysphasia, and was in respiratory distress. (Respiratory rate: 42/min, pulse rate: 80/min)

In laboratory exam, white blood cell count was $10,000/\text{mm}^3$ with 67% lymphocytes and arterial blood gas (ABG) was normal.

After sedation of the patient, the injured skin was washed by water and milk, and intravenous nutrition, antibiotics and corticosteroids were began.

In the second day of hospitalization, emergent upper endoscopy was done and destruction of mucosal and submucosal layer of the esophagus (grad II) with exudation, erosion and shallow ulcer were observed.

In the 5th day, the patient started oral nutrition by milk and was discharged after 10 days without any

complication. In follow up endoscopic study was done after 3 months and no scar or stricture formation was reported. Alkaline caustic products are widely available in the general public substances most commonly used in different forms of house hold cleaners immediate treatment should be begin consist of washing and dillusion with milk or water. Upper GI endoscopy is the only way to obtain an objective assessment of the degree of esophageal injury.

Figure 1. Chest and oral skin burning by alkaline substance.



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