

## Early endoscopic stent insertion for acute severe long-segment esophageal stricture

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A 69-year-old man presented with dysphagia after drinking a little water. Two weeks earlier, he had visited the emergency department with a sore throat and shortness of breath after ingesting lye 2 hours prior. Emergency esophagogastroduodenoscopy and chest computed tomography revealed high-grade injury throughout most of the oropharynx (Fig. 1A, B) and esophagus (Fig. 1C, D). He was hospitalized and managed conservatively and received broad-spectrum antibiotics intravenously. At his current presentation, esophagogastroduodenoscopy and esophagography revealed a severe mid-esophageal stricture (Fig. 2A, B). To avoid surgery or difficult endoscopic procedure due to complete esophageal obstruction [1], fluoroscopy guided esophagogastroduodenoscopy was performed, and a 12cm fully covered esophageal self-expanding metal stent (Hanarostent®, M.I. Tech, Co., Ltd., Korea) was successfully inserted; a long-segment esophageal stricture was confirmed (Fig. 2C, D). The patient's clinical condition gradually improved, and he was discharged on the seventh day after intervention. The esophageal stent was removed at his 3-month follow-up. Since then, esophageal balloon dilation is repeated each time the patient presents with dysphagia secondary to the development of recurrent esophageal stricture. Figure legends Figure 1. Initial esophagogastroduodenoscopy shows a mucosal edema and hyperemia on base of tongue (A), and a diffuse extensive necrosis throughout most of the esophagus (C). Also, initial neck and chest computed tomography show an enhancing wall thickening at the pharynx (B) and esophagus (D). Figure 2. Esophagogastroduodenoscopy and esophagography show a marked mid-esophageal stricture (A, B). Fluoroscopy guided esophagogastroduodenoscopy shows inserted 12cm fully covered self-expanding metal stent for a severe long-segment esophageal stricture (C, D). Reference 1. Kachaamy T, Lott D, Crujido LR, et al. Esophageal luminal restoration for a patient with a long lye-induced stricture via tunnel endoscopic therapy during a rendezvous

Figure 1

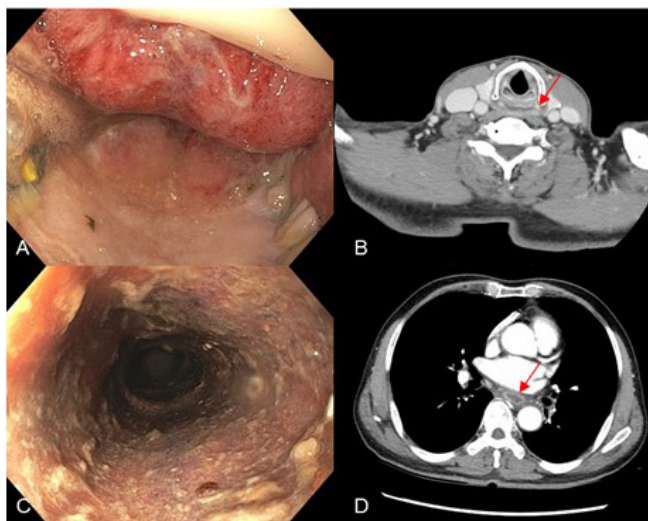


Figure 2

