A 44-year-old man accidentally ingested sodium hydroxide solution in December 2007. Endoscopic evaluation in the emergency room revealed grade III esophagitis and extensive gastric ulcera-
tions. After 2 weeks, the patient had considerable dysphagia in relation to solid foods. The regenerating esophageal mucosa had two 8-mm diameter stric-
tures, at 20 and 25 cm from the central incisor, and there was antral scarring with a pyloric stricture. After multiple attempts at stenosis dilation (Savary-Gil-
liard and through-the-scope techniques) and betamethasone dipropionate injec-
tions (4 mg), there was resolution of the pyloric and proximal esophageal stric-
tures but monthly interventions continued to be required for the refractory esophageal stricture at 25 cm from the incisors. In January 2010, a Polyflex esophageal stent (Boston Scientific, Nat-
ick, Massachusetts, USA; inner diameter 16–20 mm, length 90 mm) was placed but it was removed 3 months later. Prosthesis removal was difficult because of the presence of granulation tissue at both ends. After prosthesis removal, 9-
and 11-mm diameter strictures were observed at 20 and 25 cm from the incisors and the patient attended two additional sessions of dilation and betamethasone dipropionate injections, with resolution of the distal stricture. The fibrotic proxim-
al stricture (Fig. 1) was then submitted to needle-knife incisional treatment: several small cuts (Endocut mode, ICC200, ERBE Elektromedizin GmbH, Tubingen, Germany) parallel to the longitudinal axis of the esophagus were made, resulting in widening of the lumen and easy passage of the scope (Fig. 2). There were no compli-
cations either during or after the pro-
sedure. Endoscopic reassessment 1 and 6 months later (Fig. 3) showed minor fibrotic retraction. At the 1-year follow-
up, no further therapeutic interventions were required as the patient remained free of dysphagia.

Benign esophageal strictures are often dif-
cult to treat and the currently practiced dilation techniques are equally effective [1]. Treatment with needle-knife incision has been described [1–3] for benign esophageal strictures as a fast, easy, and effective alternative to other methods, with particularly good results in patients with fibrotic strictures such as in the case de-
scribed here.

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M. Canhoto, B. Arroja, F. Silva,
C. Gonçalves, I. Cotrim, H. Vasconcelos
Department of Gastroenterology, Hospital
de Santo André E.P.E., Leiria, Portugal

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Corresponding author
M. Canhoto
Hospital de Santo André, E.P.E.
Serviço de Gastroenterologia
Rua das Olhalvas, Pousos
2410 197 Leiria
Portugal
Fax: +351-244-817080
manela_vc@yahoo.com

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