Most benign esophageal strictures are a consequence of acid-induced mucosal injury [1]. The cornerstone of the management of benign strictures is still esophageal dilation [2]. A subgroup of strictures are refractory, and an alternative approach is required. Studies have shown prolonged benefit in terms of improving dysphagia and decreasing dilation frequency among patients receiving intrallesional steroid injection [3–5]. However, some patients with refractory peptic esophageal stricture require frequent esophageal dilation, even with intrallesional steroid injection.  

Intrallesional steroid injection can only be performed at intervals, during endoscopy. We prescribed fluticasone inhalers (GlaxoSmithKline, Research Triangle Park, NC, USA) for patients. The inhalers were used without a spacer to deliver 50µg twice daily, after which patients were given water to aid in esophageal delivery of the steroid. To avoid any possible bias, the oral steroid inhaler was given at alternate sessions of esophageal dilation with intrallesional steroid injection (esophageal dilation with intrallesional steroid injection was followed by esophageal dilation with intrallesional steroid injection and the oral steroid inhaler, and so on). We analyzed the data from the first six sessions. Four patients were enrolled. The mean age was 62, and there were two women and two men (Table 1). Eosinophilic esophagitis was ruled out by multiple sessions of esophageal biopsies. All patients in this study received a proton pump inhibitor during the study. Use of inhaled oral fluticasone significantly decreased the frequency of esophageal dilations, more than did intrallesional steroid injection (Table 2 and Table 3). Eosinophilic esophagitis and esophageal stricture healed after several months of steroid inhaler therapy. There were no side effects with the fluticasone inhaler during this period. To our knowledge, this is the first report of using oral steroid in the treatment of refractory peptic esophageal stricture. In the future, a multiple-center study is needed to study this novel observation further.
Q. Cai¹, S. S. Yarandi¹, R. D. Kung¹, J. M. Brown¹, H. Xu¹,², Q. Cai¹

¹ Division of Digestive Diseases, Emory University School of Medicine, Atlanta, Georgia, USA
² Department of Gastroenterology, The First Bethune Hospital of Jilin University, Changchun, Jilin, China

Competing interests: None

References
4. Zein NN, Greseth JM, Perrault J. Endoscopic intraluminal steroid injections in the management of refractory esophageal strictures. Gastrointest Endosc 1995; 41: 596–598

Corresponding author
Q. Cai, MD PhD
Division of Digestive Diseases
1365 Clifton Road, B1262
Emory University School of Medicine
Atlanta, GA
USA
Fax: +1-404-778-2578
qcai@emory.edu

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1310257
Endoscopy 2012; 44: E408–E409
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X