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Diagnosis: Signs and symptoms as predictors of injury

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While physical findings of caustic burns on the lips and oropharynx are helpful to determine caustic exposure, the predictive value of burns in these locations for significant (grade 2 or 3) lesions in the esophagus or stomach is very limited. Children with stridor, or those with drooling and vomiting require endoscopy. Children may be considered for discharge home if they do not have these signs and are able to eat or drink. All patients with intentional caustic exposures require endoscopy as they are at much higher risk for significant injury. Tonodensitometry (CT) has shown promise in the diagnosis and staging of injury and there are major centers that are using it as the basis for further treatment decisions. This has not gained widespread acceptance as the standard of care though and endoscopy still remains the gold standard for diagnosis of esophageal or gastric injuries. Endoscopy may also be therapeutic as it will allow placement of a nasogastric or orogastric tube past areas of injury, or suggest the placement of a gastrostomy tube if there is significant stricture of the esophagus, to allow for enteral feeding distal to the areas of injury.