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Original Research Paper

Surgery

EXTENSIVE ABDOMINAL SURGERY AFTER MASSIVE CAUSTIC INGESTION: A CASE REPORT

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ABSTRACT **Introduction:** After caustic ingestion, extension of corrosive injuries beyond the esophagus and stomach to the duodenum, jejunum, or adjacent abdominal organs is an uncommon and imposes surgery without delay. **Case Report:** A 40-year-old man was referred to our hospital after swallowing and inhalation of drain cleaner. Due to clinical diagnosis of peritonitis and endoscopic digestive necrosis with acute dyspnea by inhalation, he underwent emergency intubation and rapid surgery. During the surgery, necrotic parts, including the esophagus, stomach, duodenum, head of the pancreas, and initial part of the jejunum, were resected. The patient spent 48 hours in intensive care before his death with fatal respiratory distress syndrome. **Conclusion:** This observation recalls the complexity of the therapeutic management of caustic ingestions on the surgical level and the seriousness of the associated complications which can darken an already poor prognosis.

KEYWORDS : caustic ingestion, extensive abdominal surgery, extended caustic injuries.

INTRODUCTION:

Situations in which corrosive lesions extend beyond the stomach and the esophagus to the duodenum, the jejunum, or the adjacent thoracoabdominal organs have been rarely reported. They are often related to massive ingestion of strong caustics or to delayed surgical management. Complication and death rates in such patients are very high and depend on the type and extent of surgical resection. The limit to which resection of the necrotic organs can be performed is not well defined(1).

The low prevalence of caustic ingestions has led to a serious lack of experience among surgeons and evidence-based guidelines for managing these kinds of cases (2)

An aggressive surgical approach, theoretically, allows successful initial treatment of extended caustic injuries. Early surgical treatment is essential to improve the prognosis in these patients (3) but does not prevent the decompensation of some complications, particularly respiratory ones, which can darken the prognosis.

The clinical presentation of caustic ingestion is diverse and do not always correlate with the degree of injury. Symptoms mainly depend on the location of damage. Hoarseness and stridor are signs that are highly suggestive of an upper respiratory tract involvement. Presence of these findings may signal a potentially life-threatening respiratory event(4).

Case Report:

40-year-old man was brought to the emergency department of our hospital due to voluntary swallowing drain cleaner. The patient had a psychiatric history of depression. In the initial evaluation, the patient was conscious, and he had ulceration in the tongue and lips. Evidence of respiratory distress and the use of secondary respiratory muscles were also observed indicating emergent intubation . He had a blood pressure of 90/50mmHg, a pulse rate of 124/min, and a SpO2 of 85 % after oxygenation. Stridor was auscultated on the respiratory examination. Abdominal examination revealed a generalized tenderness. An intravenous line and a urinary catheter were installed for the patient, and he was admitted in intensive care unit for conditioning and preparation for exploration. The patient underwent endoscopy in the operating room, revealing an extended necrosis of esophagus, stomach and dudenum(Fig. 1-2).An exploratory laparotomy was done. The patient's abdomen was explored by a midline incision, and evidence of peritonitis(Fig 3) and transmural necrosis was seen in the stomach, duodenum, jejunum up to 50 cm after dudenojejunal junction. Because of extensive necrosis in the duodenum, jejunum, and head of the pancreas, We decided to perform an extended esogastrectomy to the head of the pancreas and the initial portion of the jejunum with a double abdominal and left cervical approach(Fig 4) . The specimen removed was sent for histopathological study(Fig 5). After surgery, the patient was transferred to the ICU to continue resuscitation measures and close monitoring. But unfortunately the patient suffered from fatal respiratory failure 48 hours later.

Figure1: Esophagus Necrosis In Endoscopy

Figure 2: stomach necrosis in endoscopy

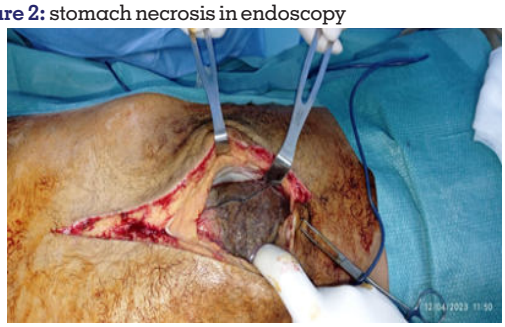

Figure3: Medline Incision Showing Peritonitis

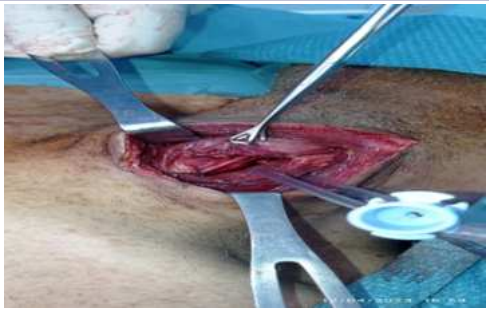

Figure 4: Cervicotomy For Esophagus Dissection

Figure 5: Specimen

CONCLUSION:

Extensive surgery for caustic burns is a rare condition in our surgical practice. This observation illustrates the seriousness of this entity as well as the difficulty of managing the lesions and associated complications, particularly respiratory, which can be rapidly fatal.

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