Treatment of Extended After-burn Cicaltrical Strictures of Esophagus.

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ABSTRACT

Were analysed the results of treatment of 225 patients with after-burn cicatrical strictures of an esophagus and stomach in clinic of hospital surgery of Semey state medical academy in period 1990-2007yy. with usage of different methods of a bougienage, including designed method of forced ante- and retrograde bougienage of an esophagus. At a bougienage under control of esophagoscope, at 8 (3,5 %) patients the perforation of an esophagus was developed, from them 4 (1,8 %) – were died. At an forced bougienage through gastrostomy on designed methodic – 1 patient had bleeding, which one is halted conservatively. At study of long-term results of a bougienage on designed methodic from 1 up to 5 years good results were in 92,8 % of supervision.

Keywords: bougienage, cicatrical stricture, esophagus, stomach.

INTRODUCTION

The treatment of problems of after-burn cicatrical strictures of an esophagus (ABCSE) falls into the hardest problems of clinical surgery. Up to 87 % of the patients makes the people of able-bodied age, and 70-90 % from them receive a corrosive burn of an esophagus incidentally. The basic method of treatment of after-burn cicatrical strictures of an esophagus – is later (not earlier than 7 weeks after the burn) bougienage [1-3].

In present three basic methods of a bougienage of after-burn cicatrical strictures of an esophagus are used – tested method of Yacenko-Gakker (through gastrostomy for threat ante- and retrograde), bougienage with hollow radiopaque bougies on a metal cord – conductor under monitoring of the X-ray shield and same under monitoring of an endoscope [3-9] are the most wide-spread. Last method demands presence of radiopaque hollow bougies, making of manipulation under X-ray apparatus, necessity of hard bracing and tensions of both ends of a metal director-cord, often usage of metal nozzles of a different diameter conducted on a metal cord, that is not always useful [3,4].

MATERIALS AND METHODS

In clinic of hospital surgery of Semey state medical academy since 1990 till 2007 there were 225 patients on treatment with ABCSES. Thus 91 (40,4 %) from them with esophagus, 79 (35,1 %) – with consequences of combined corrosive burns of an esophagus and stomach, 2 (0,9 %) · with consequences of combined corrosive burns of a pharynx,
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Larynx and esophagus. The men were 156 (69.3 %), women - 69 (30.7 %). The majority of the patients were in the most able-bodied age – 30-50 years (53.8 %). Predominantly combustion of an esophagus was aroused by reception of acidic solutions (66.7 %). The duration of an anamnesis before entering in clinic in average – 3.5 months.

In clinic designed and successfully applied the method of a bougienage of extended after-burn cicatrical strictures of an esophagus allowing safely, lesser-traumaticity, forced to make an dilation of esophagus, to reduce time of manipulation and number of complications at treatment of the given category of the patients.

At bougienage as a conductor of bougies used elastic probe – tube of a small diameter (3-4mm in a diameter), strong enough, surface of which one glossy – sleek structure which doesn’t makes traumatisation of a mucous of an esophagus (a tube from a system for i/v infusion).

For decrease of traumatisation of mucous of an esophagus by the junction of a bougie and probe, the edge of a wall of a probe in connection of probe with bougie grinds off as a cone on a circle (Fig 1).

The technique of method: to the patient with extended after-burn stricture of an esophagus at formation of gastric fistula makes intra-operational forced bougienage of an esophagus with leaving in it’s lumen of an insurance thread. In 10-12 days after formation of gastric fistula patient transfers forced bougienage of an esophagus under a common anesthesia.

To insurance threat, which was left in a lumen of an esophagus the elastic probe – tube of a small diameter is attached and transferred so that one end of a tube was from the side of gastrostomy, another from

Figure 1 - Scheme of an ante-retrograde bougienage on a tube – conductor

A: 1 · hollow tube · conductor
   2 · esophageal bougie
   3 · gastrostomy
   4 · esophagus

B: 1 · hollow tube · conductor
   2 · esophageal bougie
the side of an oral cavity. At absence of insurance threat, the elastic probe – tube will transfers through an esophagus, sometimes with application of fibroscope or with help of thin fixers for biopsy.

Length of a tube should be 80-100 sm, and the ends should be on distance 15-20 sm. In the end (1) of a probe tube from the side of gastrostomy fixed the narrow end of a bougie (2) (starting №11) without padding fixing (suturing or dressing) and will be transferred through gastrostomy (3) in an esophagus (4) for a tube (2). Thus a tube pulls from the side of the oral end, and a bougie simultaneously synchronically advanced with a tube by short intermittent motions in a retrograde direction. Then a bougie (2) revert back, delete from a tube (1) changing it to a bougie the greater diameter (№13). The manipulation is retried, with change of bougies. On a bougie № 20-22 tubes – conductors changed for a tube of the greater diameter (6-7 mm) and prolong an forced bougienage, gradually changing bougies.

At usage of a bougie conforming on a diameter to depth of gastrostomic tube, we transfer our manipulation to bougienage in antegrade direction before appearance of the sharpened end of a bougie in gastrostomic foramen to not dilate the last one, disturbing thus the hermecity of gastrostomy. At a rigid strictures the forced bougienage of an esophagus is should be divided on 2-3 stages per 4-5 days.

RESULTS AND DISCUSSION

In time of a research with usage of esophagoscope 256 bougienage to 87 patients were made: with designed method of forced bougienage – 205 times to 83 patients, "blind" bougienage – 300 sessions to 65 patients are made. The complications at a "blind" bougienage haven’t place. At a bougienage with usage of esophagoscope: at 8 (3,5 %) patients the perforation of an esophagus was developed, from them 4 (1,8 %) – has died. At a forced bougienage through gastrostomy on designed methodic 1 patient had a bleeding, which one is halted conservatively. At study of long-term results of a bougienage on designed methodic from 1 up to 5 years good results are received at 77 (92,8 %) patients, that showed in absence of the complaints, the esophagus was transited for any nutrition. This patients passed ortograde bolstering bougienage 5-6 times per one year by bougies 32 · 38. satisfactory results were at 5 (8 %) patients, which one are connected to late reversion of the patients after relapse of esophageal stenoses and irregular bolstering bougienage. It is necessary to mark, that after completion of stationary treatment this patient passes bolstering bougienage of an esophagus. The majority of the patients during treatment perfectly masses the manipulation of a bougienage of an esophagus selfly. The bolstering bougienage is the important stage of treatment, demanding perseverance of the doctor and desire of the patient. At its non-observance frequently there are relapses of strictures of an esophagus. Within 1 month after living of clinic the patient bougied 3 times per one week, within 2 month – 1 time per one week, 3-rd month – 1 time per 2 weeks, on 4-5 month – 1 time per 3 weeks. Then the bougienage is made in accordance with development of dysphagia. At an aggravation of symptoms the patients will be hospitalized in a hospital on forced bougienage under a narcosis with a consequent bolstering bougienage by described before scheme. Under dispensary observation the patients are 2 years, further revert if necessary. At absence of the complaints they should 1 time per one year to pass preventive survey.

CONCLUSIONS

Thus, the introduced method of forced ante- and retrograde bougienage is effective, lesser-traumacity, and in number of cases by more expedient, than different aspects of esophagoplasty, allowing to achieve at the majority of the patients of good results of treatment at the given disease.

REFERENCES


