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"TO STUDY THE OUTCOME OF GASTRIC PULLUP SURGERYIN CASES WITH ESOPHAGEAL STRICTURE DUE TO CORROSIVE POISONING"

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ABSTRACT

INTRODUCTION: *Post corrosive late complications are a major concern in corrosive poisoning, most common being esophageal stricture and stenosis, gastric stenosis of the antrum and pylorus and esophageal and stomach cancers. In this article, we present our surgical experience regarding the outcome of management of corrosive esophageal stricture by gastric pulls up followed by esophagogastrostomy.*

MATERIALS AND METHODS: *A total of 4 patients were studied, 3 females and 01 male. All the patients had a stricture in the cervical region of the esophagus and operated 6 months after the initial insult. Malignant etiology or gastric pathology was ruled out in all the 4 patients. Retrosternal approach with gastric tube formation was used in 2 patients and without the formation of a gastric tube in the other 2 patients. In all 4 patients, the anastomosis was done in the cervical region. A strictural segment of esophagus was not removed in any of the patients. In the pre-op period, 3 patients were on feeding jejunostomy and 1 on nasogastric tube feeding.*

RESULT: *of the 4 patients, 3 patients went uneventfully in the post-op period whereas 01 patient developed esophagocutaneous fistula, which was managed conservatively. 1 patient is in follow up for 1year, 1 patient for 6 months and 2 patients for 3 months. Patients were kept on a liquid and semi-solid diet in the post-op period and alternate route feeding (feeding jejunostomy/ nasogastric tube feed) was continued, although tapered gradually. No late complication has been reported so far.*

CONCLUSION: *Patients with corrosive esophageal strictures can be managed effectively with gastric pull up with esophagogastrostomy, with or without gastric tube formation. A retrosternal approach can be used safely, thereby avoiding complications arising from the transhiatal approach.*

KEYWORDS: *Esophageal Stroint Strictures, Gaestinal System, Management of Corrosive Esophageal Stricture*