

Balloon or Bougienage Dilatation for Esophageal Stenosis in Children?

Adi Gurfinkel^F, Amir Ben-Tov^F, Isaac Kori^G, Hagith Nagar^H, Itzhak Vinograd^H, Shimon Reif^F and Shlomi Cohen^{FE}

¹The Pediatric Gastroenterology Unit, "Dana-Dwek" Children's Hospital, Tel Aviv Sourasky Medical Center, Tel Aviv, affiliated to the Sackler Faculty of Medicine, Tel Aviv University, Israel

²Interventional Radiology, Department of Imaging, Tel Aviv Sourasky Medical Center, Tel Aviv, affiliated to the Sackler Faculty of Medicine, Tel Aviv University, Israel

³Department of Pediatric Surgery, Tel Aviv Sourasky Medical Center, Tel Aviv, affiliated to the Sackler Faculty of Medicine, Tel Aviv University, Israel

^FCorresponding author: shlomico@tlvmc.gov.il

Rec date: [] Acc date: [] Pub date: []

Copyright: []

Abstract

Purpose: []

Failure was XY bYX as inability to meet this points and / or failure to improve from the previous observation. Y dilations were XY bYX as successful in 31 (73.8%) patients and failure in 11 (26.2%) patients. Analysis of the therapeutic success rate according to etiology of the stenosis demonstrated that 18/24 of the children in Group A were XY bY as successful compared to 6/8 in Group B, 0/3 in Group C and 7/7 in Group D (p=0.0163) (Figure 2).

Therapeutic

Comparison of the therapeutic success rate according to the method of dilation revealed that all 31 successful cases were composed of children who underwent 18 balloon dilations (15 i cfcgWd]W and 3 endoscopic) and 13 bougienage dilations (Figure 3). Although there was an overall success rate of 87% for the bougienage group and 67% for the balloon group but it was not statistically g[b] Vbh (p=NS).

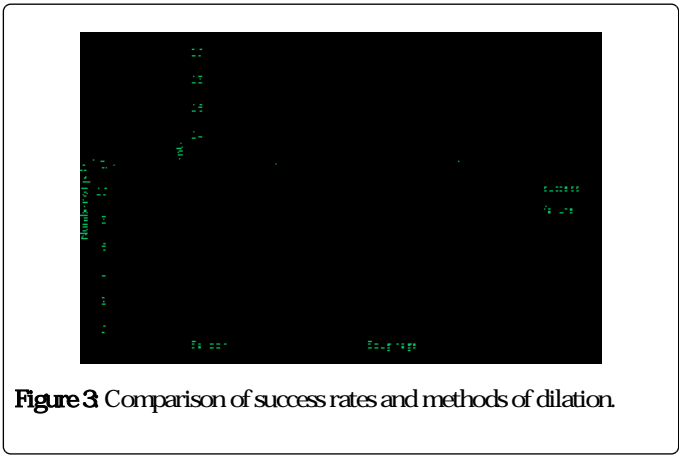


Figure 3 Comparison of success rates and methods of dilation.

Y were 6 procedure-related complications in 5 children who underwent esophageal dilation. Four of them had undergone radiologic balloon dilation included 2 with aspiration pneumonia and 2 with esophageal perforations that had been treated conservatively (with total parenteral nutrition and intravenous antibiotic therapy).

Y was one perforation in an endoscopic balloon dilation procedure

- 4 Serhal L, Gottrand F, Sfeir R (2010) Anastomotic stricture U Yf surgical repair of esophageal atresia: frequency, risk factors, and Y WWh of esophageal bougie dilatations. *J Pediatr Surg* 45: 1459-1462.
- 5 Said M, Mekki M, Golli M, Memmi F, Hafsa C, et al. (2003) Balloon dilatation of anastomotic strictures secondary to surgical repair of oesophageal atresia. *Br J Radiol* 76: 26-31.
- 6 Youn BJ, Kim WS, Cheon JE (2010) Balloon dilatation for corrosive esophageal strictures in children: radiologic and clinical outcomes.