ESOPHAGEAL EMERGENCIES

CAUSTIC INGESTIONS

RED FLAGS:
Intentional ingestion
pH > 11 or < 3*
MSDS or poison control (800)411-8080
Major signs (drooling, shortness of breath, hematemesis, stridor)→ OR 8.98
Minor signs (literally any symptom)→ OR 2.92
No red flags: 6 hour observation. Red flag: GI for scope

WHILE YOU WAIT……
TREATMENT
NO: pH neutralizer, charcoal, dilution, steroids, antibiotics, NG tube
YES: Upright position, serial abdominal examinations, airway protection as needed (10%)
MAYBE: PPI or H2 blocker
IF SICK AS STINK: Surgery for perforation (0-5%)

DIAGNOSTICS
CT with IV contrast: identify perforation, or impending perforation before endoscopy. In the future may use to identify pts with risk for stricture.
If symptomatic, Chem, CBC, CRP, basic tox w/u.

**special considerations to hydrofluoric or phosphoric acid and potential hypocalcemia.*

SOLID INGESTIONS

IMPACTION:
- Try effervescents
- No utility: meat tenderizers,
- Glucagon 1 mg IM may be requested but is no better than placebo
- Scope within 24 hours

COULD THIS BE PERFORATION?
Lateral neck XR: 56% sensitive
CT with IV contrast 90-100% sensitive

PNEUMOMEDIASTINUM

Physical: Hamman's crunch
14% associated with pneumothorax

RED FLAGS FOR ESOPHAGEAL PERF: recent instrumentation, vomiting, or pleural effusion

No red flags: 6 hour observation, repeat film

Red flag: CT with IV contrast 100% sensitive for perforation

SO, YES, THERE'S A PERFORATION!

CXR: pleural effusion, pneumothorax.

MICROPERF (Stable patient):
-Broad spectrum antibiotics
-Observation +/- esophageal stenting
-Possible chest tube

Unstable patient:
-antiotics, fluids, pressors
-chest tube, airway
-operating room