

Images in clinical medicine



Ingestion of hydrochloric acid in adults

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Ingestion of hydrochloric acid in adults

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Image in medicine

Corrosive ingestion is more common in the pediatric population (mostly accidents), but adults are also concerned (suicide) with more severe lesions. Massive ingestion of corrosive agents results in severe upper gastrointestinal and oropharyngeal tract injuries requiring multidisciplinary management. The endoscopy is systematic, the gastro-intestinal endoscopy must be conducted under sedation, with minimal insufflation, between 6 to 24 hours after ingestion. Endoscopic injuries must be described according to the Zargar or the Di-Costanzo classification. We report a case describing an ingestion of a strong acid. A 52-year-old woman, with no medical history especially psychiatric illness, was admitted to the emergency room for the voluntary ingestion of half a glass of hydrochloric acid for autolytic

purposes after family problems. The patient was admitted to intensive care, she presented with a cough, hypersiallorhea, with epigastralgia, a thoracoabdominal computed tomography (CT) was conducted and objected a circumferential parietal thickening of the gastric wall in relation with post caustic ulcerative oedematous lesions. Twelve hours later, the esophagogastroduodenoscopy was performed and found a stage I esophagitis, a stage IIIA gastritis according to Di Costanzo (A,B). The medical treatment instated: digestive rest, proton pump

inhibitor and parenteral nutrition. The first endoscopic check was made after a week and showed an improvement in the endoscopic lesions: normal esophagus, fundic gastritis stage IIB and antral gastritis stage IIA according to the classification of Di-Costanzo. Psychiatric follow-up has been instituted. The evolution was favourable, the third endoscopic control after 2 weeks showed the healing of the lesions: antral gastritis stage IIA (C), Fundic gastritis stage I (D) of Di-Costanzo.

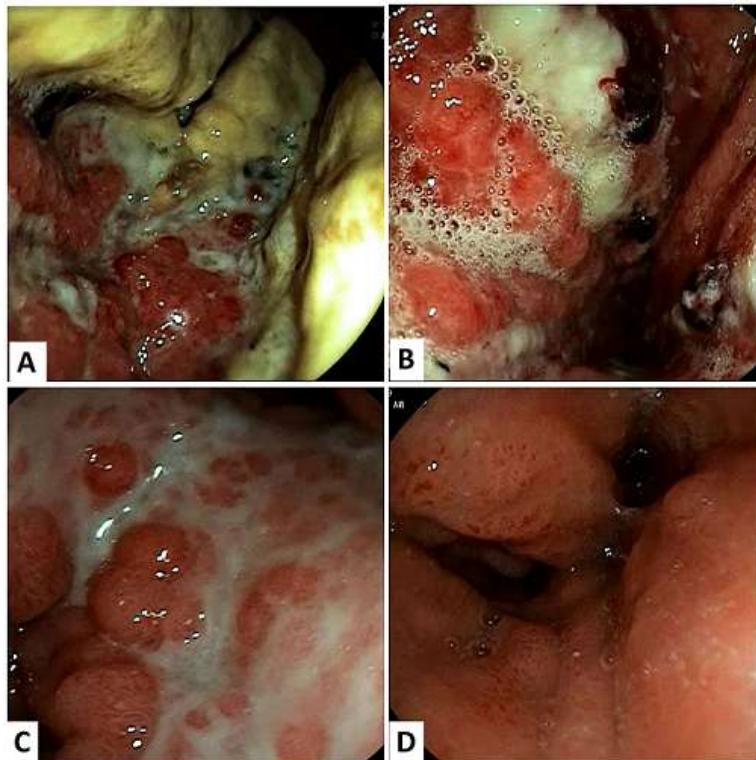


Figure 1: endoscopic image of caustic gastritis according to Di Costanzo: antral gastritis stage IIIA (A), fundic gastritis stage IIIA (B), antral gastritis stage IIA (C) and fundic gastritis stage I (D)