

## Introduction:

Caustic injury by accident continue to be one of the major areas of emergency clinic. Although it is seen more frequently in children between 1-3 years of age, in long term it may lead to esophageal strictures. The amount of caustic substance in the acute period, the amount taken and the presence of active symptoms of the patient are important in determining the injury and in the decision of endoscopic intervention.

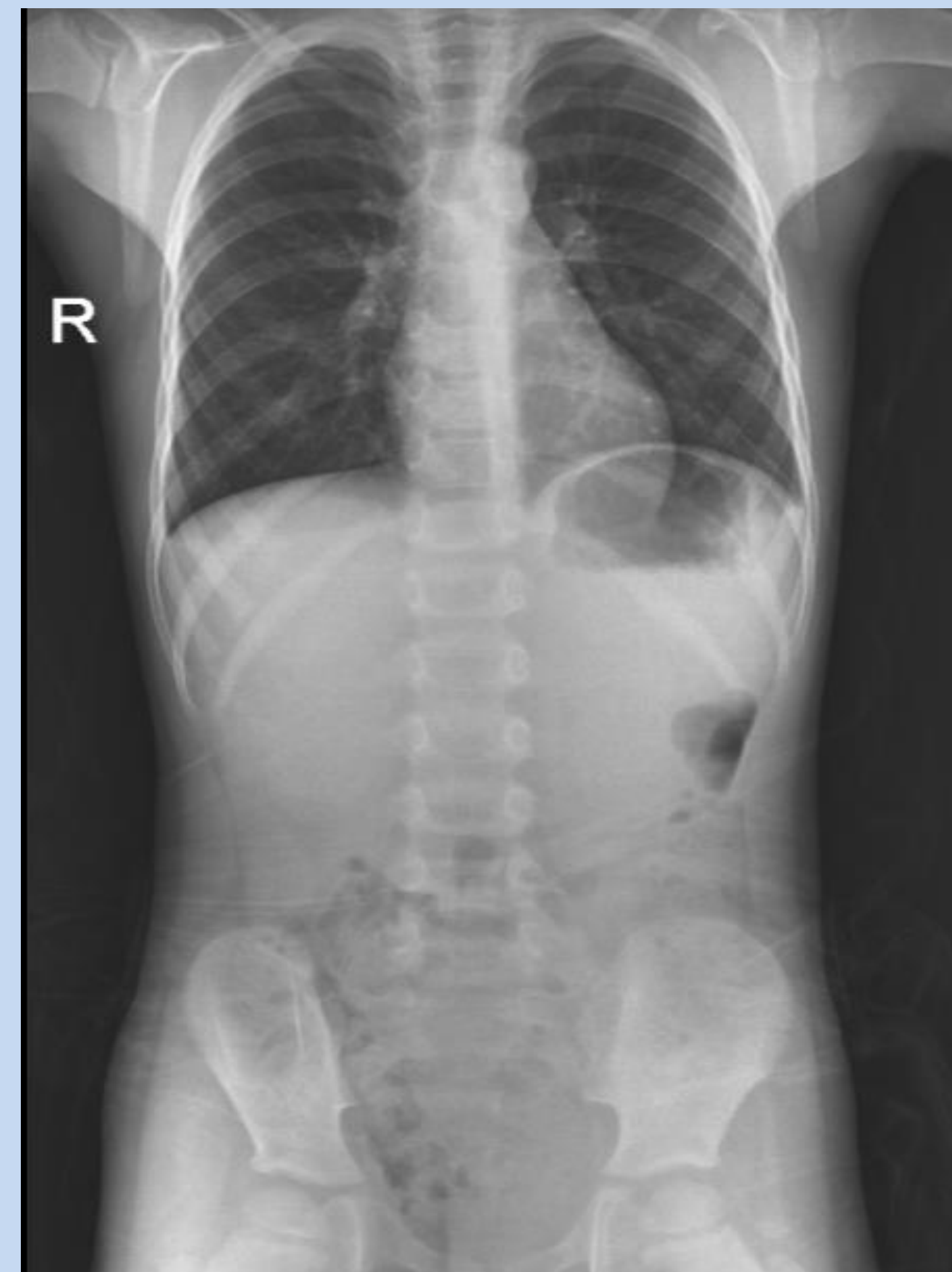


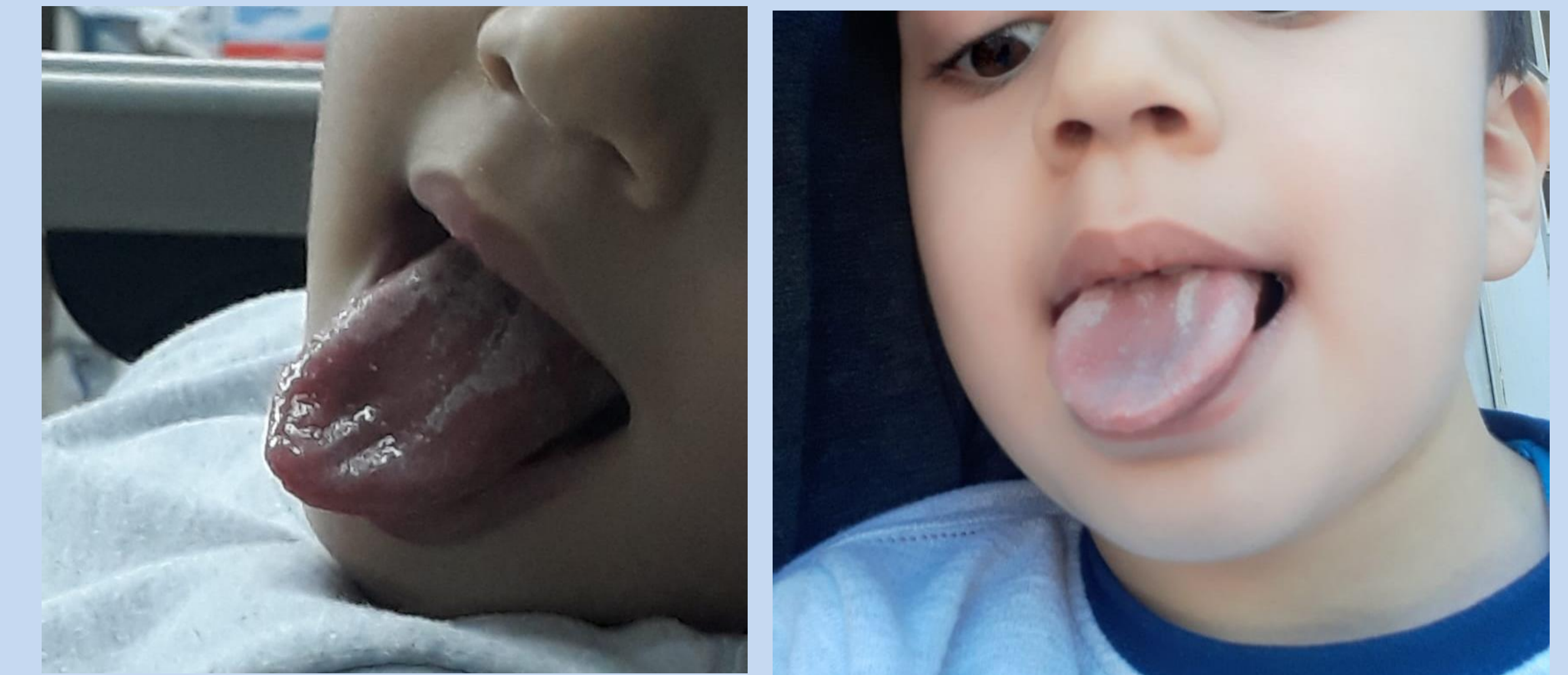
Image 1 : No pathology was found in abdominal and thorax imaging.

## Methods :

In this case report, a 16-month-old boy who admitted to our emergency department with the purchase of a caustic substance, ph: 13 is explained.

## Discussion :

The case of a 16-month old male without any medical history, admitted to our emergency department for unknown amount of usage of granular dishwashing agent. On this patient with no respiratory distress, on the lower lip an edema and on anterior 1/2 of his tongue an erosion were detected. Other system examinations were normal. No pathology was found in abdominal and thorax imaging. There were no features in laboratory tests. Oral intake of the patient was closed and intravenous PPI and anti-emetic treatment were observed. Ph: 13 was considered symptomatic because of the presence of oral lesion in the patient with definite caustic intake and endoscopy was planned. As a result of the endoscopy, grade 2a superficial ulcers were detected. During one month, PPI treatment was continued and feeding was recommended with soft and liquid foods. The patient was called for control because of the risk of stricture that could develop after three weeks.



Picture 2 and 3: On the lower lip there is an edema and on anterior 1/2 of his tongue an erosion were detected.

## Conclusion:

Patients with symptoms after corrosive substance intake should be hospitalized and followed up closely. It is reported that patients with significant airway insufficiency may need intensive care unit. All patients who are symptomatic, have oral burns or are known to have a high risk of esophageal injury should undergo upper endoscopy. It is recommended that the endoscopy should ideally be done within 24 hours of ingestion to assess the degree of injury, to estimate prognosis, and to assess guideline therapy.