



## Clarifying a study: Computed tomography and assessing the severity of acute corrosive ingestion

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## LETTER TO THE EDITOR

### Clarifying a study: Computed tomography and assessing the severity of acute corrosive ingestion

*To the Editor:*

We read with interest the recent paper assessing the role of chest and abdominal computed tomography (CT) in acute corrosive ingestions.<sup>1</sup> Although the authors suggest that CT of the chest and abdomen tended to underestimate the severity of the corrosive injury when performed during the first 48 h after the injury, they conclude that CT can supplement endoscopic information and help in cases when endoscopy cannot be completed.

We admire the study question given the logistical problems that arise when caring for these patients. Traditionally, the gold standard for diagnosing the extent of gastrointestinal damage is endoscopy performed within the first 12–24 h. Knowing the extent of damage early on is important to determine the prognosis of the patient.<sup>2</sup> However, there are many factors that might delay the time to endoscopy namely the availability and willingness of the gastroenterologist to perform the procedure as well as the stability of the patient. Therefore trying to determine the utility of a more readily available study, such as CT, has long been desired.

In order to better interpret the study data, we ask the authors if they could provide additional information on the patient characteristics. Specifically, when looking at Table 2, we are interested in knowing if the serious caustic exposures were an acid or alkali, and whether the ingestions were intentional or unintentional. In our experience intentional acid ingestions are often fatal.

Additionally, the inclusion criteria for the study were that CT and endoscopy both were performed within 48 h of a caustic injury. However, no mention was made as to the temporal relationship of these diagnostic tests. Knowing the timing at which each test was performed could help answer questions such as, “Were the patients

who had tests with larger time spans between them also the ones to have decreased CT correlation with endoscopy results?” and “If a CT was performed much earlier than endoscopy, would it be possible that the injury was still in the early stages of inflammation and would not be well visualized on an that CT?”.

Finally, as the study spanned a significant time period we would like to know the generation of the CT used as it is possible that the underestimate may have resulted from poor CT resolution associated with earlier machines.

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### Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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