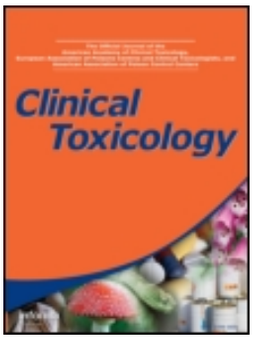

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The role of chest and abdominal computed tomography in assessing the severity of acute corrosive ingestion

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LETTER TO THE EDITOR

The role of chest and abdominal computed tomography in assessing the severity of acute corrosive ingestion

To the Editor:

We thank Dr. Fil and colleagues for their important questions.

Our inclusion criteria included performing both endoscopy and CT within 48 h of admission. In some cases history of time of ingestion was unreliable, precluding using time from exposure as an inclusion criterion.

Table 1 includes the requested additional patient characteristics (expressed as number of patients). These data show that more severe endoscopic findings and worse outcome were associated with intentional exposures; to a lesser extent with acid.

The median times to endoscopy and CT in the 14 patients with higher endoscopy grading relative to CT grading were 3 h (range: 2–42) and 5.5 h (range: 1–41), respectively (2-tail paired Student's t-test, $p = 0.92$). Thus, no large time spans between the tests nor earlier CT can explain the underestimation of the severity of corrosive injury by CT we found.

All CT machines used during the study period were of third generation. Discrepancies between endoscopy and CT grading were found throughout the study period. The resolution of the CT machines used in our hospital cannot be considered poor and it is unlikely that it contributed to the underestimation found.

We hope the new data provided are of help in interpreting our results.

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Table 1. The requested additional patient characteristics (expressed as number of patients).

	n	Acid	Alkali	Bleach	Unspecified caustic	Intentional	Unintentional
Mortality	5	3	2	0		5	0
Emergency laparotomy	7	5	2	0		6	1
GI endoscopy grades 2b and 3	14	6	5	1	2	12	2

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