

**WHEN CAN BALLOON DILATATION OF ESOPHAGEAL STRICTURES IN CHILDREN
BE CONSIDERED SUCCESSFUL?**

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Healing of a stricture by a scar formation after a balloon dilatation results sometimes in the recurrence of dysphagia. Repeated dilatations are usually necessary. The authors tried to establish the delay after dilatation when the procedure could be considered successful and a further dilatation or surgery was not indicated.

Esophageal strictures in 49 children were treated by 189 balloon dilatations in total. Twenty children had an anastomotic stricture after a surgery for esophageal atresia. Twelve had a reflux stricture, six a tight cuff after the Nissen fundoplication causing achalasia, six a corrosive stricture, four a congenital stenosis and one a stricture after radiation. Dilatations were considered successful, if the absence of dysphagia lasted for at least one year after dilatation and the patient had not undergone a surgery.

One procedure completely cured the stricture in 11 children (22%). None of them had undergone a surgery. Repeated procedures were necessary in 38 patients (78%). A dilatation avoided surgery in 27 children (56%). Only six of them had more than a 6-month delay between procedures. The remaining 11 children (22%) required surgery after repeated unsuccessful dilatations. However, in all of them was a need to repeat dilatation sooner than 6-months following a previous procedure.

The authors conclude that an interval of a 6-month after dilatation is the key time for an evaluation of a success rate of an esophageal balloon dilatation.

