Letter to the Editor

In Reference to pH-Neutralizing Esophageal Irrigations as a Novel Mitigation Strategy for Button Battery Injury

Dear Editor:

We read with interest the excellent research of Anfang et al.,1 whose work will positively impact our initial management of patients referred with button battery ingestion. The results of the authors’ careful work clearly showed that honey was the superior substance in four of the six result groups, perhaps most significantly of all resulting in a shallower depth of necrotic tissue and less extension of the muscle injury beyond the surface ulcer.

In the setting of button battery esophageal impaction, it must be considered that these patients are at high risk for aspiration due to mechanical and inflammatory obstruction, as well as pain. Previously published work by Shepherd et al. has suggested that sucralfate (the generic name for Carafate) aspiration can cause a significant increase in lung hemorrhage, as well as pulmonary edema and inflammation. Carafate is, therefore, a potentially harmful substance to use in cases of esophageal impaction of a button battery. Our review of the current literature has failed to identify studies exploring the impact of aspirated honey, but we theorize that this would be significantly less harmful to pulmonary tissue than aspirated sucralfate.

We also believe that performing rigid esophagoscopy and bronchoscopy after ingestion of honey (as opposed to Carafate) would be preferable in terms of visualization of the disc battery and its effects on the esophageal and tracheal mucosa, because honey is less viscous and will not leave a white residue.

Therefore, contrary to the authors’ conclusions, we recommend early use of honey as the first-line agent for reducing esophageal battery-related injury while awaiting battery removal, in view of: 1) the superior protective results shown with honey, 2) the potential risks of Carafate regarding pulmonary aspiration and/or soiling of the esophageal and tracheal mucosa, and 3) the widespread availability and low cost of honey. We suggest that Carafate should only be used if honey is not readily available, and we suggest that steps be taken to make honey more available in emergency departments.

Once again, we thank Anfang et al. for their excellent work.

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BIBLIOGRAPHY


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