

## **Clinical Characteristics of Pediatric Patients with Esophageal Strictures**

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**Background:** Esophageal stricture is commonly encountered in adults. Yet, it is not uncommon among children.

**Objective:** To evaluate the clinical presentations and causes of esophageal strictures in children.

**Design:** A Retrospective Cross-Sectional Study.

**Setting:** Pediatric Department, Salmaniya Medical Complex, Bahrain.

**Method:** A review of medical records of patients diagnosed with esophageal strictures between 1995 and 2019 was performed. The patients were diagnosed based on clinical, radiological and endoscopic findings. Data including patients' characteristics, clinical presentations, stricture etiologies and proton pump inhibitors use were documented.

**Result:** Forty-six pediatric patients had esophageal strictures. Twenty-five (54.3%) were males. Thirty-six (78.3%) patients were Bahraini. Thirty-two (69.5%) patients were infants. Thirty-two (69.5%) presented with dysphagia and 27 (58.7%) with vomiting. Anastomotic post-esophageal atresia/tracheoesophageal fistula (EA/TEF) repair strictures was the main cause and found in 35 (76.1%) patients. Twenty-two (47.8%) patients had associated diseases; 10 (21.7%) had congenital heart disease. Twenty-six (56.5%) had esophageal stricture of the upper esophagus. Twenty (43.5%) patients received proton pump inhibitors. The Median follow-up period was five years.

**Conclusion:** Esophageal stricture is not a rare disease in children. It is more common in males. Dysphagia and vomiting are the most frequent clinical presentations. The most common cause of esophageal strictures in children is anastomotic post EA/TEF repair. Congenital heart diseases are the most commonly associated anomalies.