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WOFAPS

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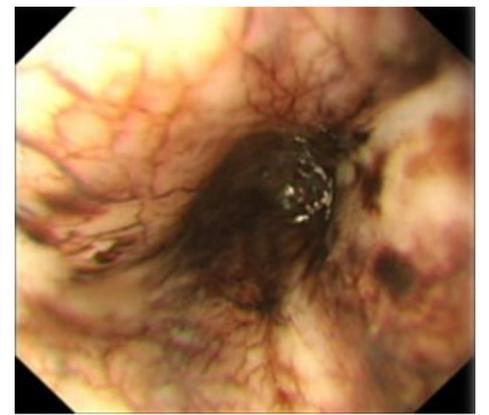
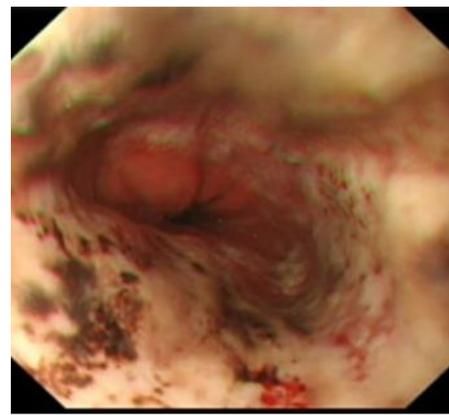
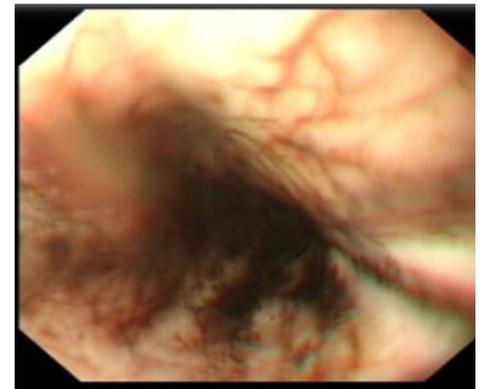
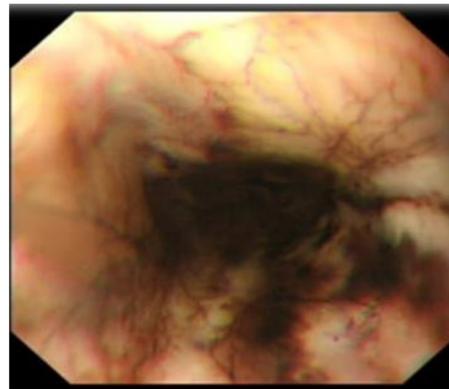


SURGICAL MANAGEMENT STRATEGY FOR ESOPHAGEAL BURNS IN CHILDREN

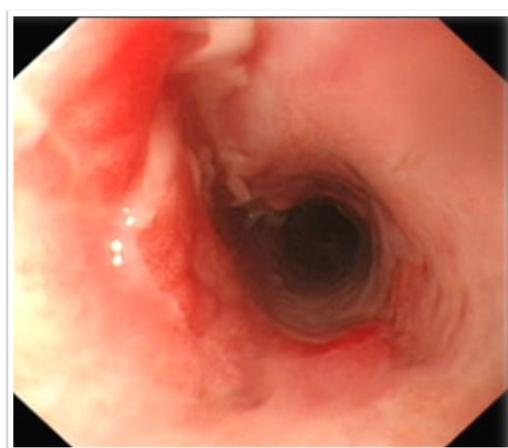
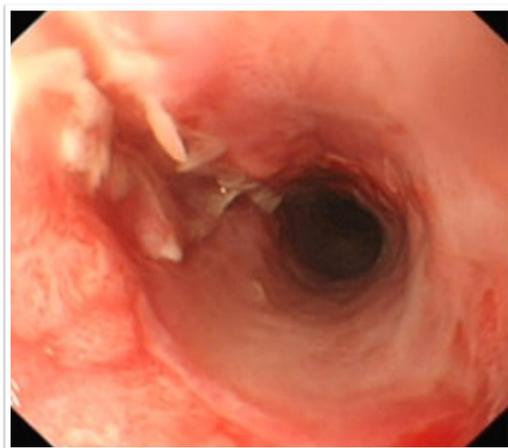
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Purpose: To improve treatment outcomes for esophageal burns in pediatric patients.

Methods: Between 1994 and 2024, 274 children aged 1 to 18 years with esophageal burns were treated. All patients underwent esophagogastroduodenoscopy (EGD) between days 2 and 6 post-injury.



Results: First-degree esophageal burns were diagnosed in 97 patients (35.4%), who did not require specific treatment and were discharged within the first week. Second-degree burns were identified in 65 patients (23.7%) based on dynamic endoscopic monitoring during weeks 2–3. These patients recovered without the need for dilation therapy and were discharged after resolution of dysphagia. Third-degree esophageal burns were found in 112 patients (40.9%). Of these, 46 patients (16.8%) received conventional treatment, while 66 (58.9%) were managed using a modified technique developed at our clinic. This method involved early bougienage between weeks 2–3 post-injury, performed under endoscopic guidance with the aid of a guidewire.



Conclusion: The application of the proposed treatment strategy, particularly early guidewire-assisted bougienage, increased the effectiveness of conservative dilation therapy from 45.7% to 60.6%. Simultaneously, the need for gastrostomy followed by bougienage using a thread decreased from 54.3% to 39.4%.

