nodes outside the traditional drainage area and resection line is another potential use of sentinel node mapping. However this did not occur in any of our patients.

In summary, sentinel node mapping may be of use in colorectal malignancy to increase the yield of positive lymph nodes. Upstaging probably occurs but is relatively infrequent.

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References

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Helicobacter pylori infection rates in duodenal ulcer patients in a population with high prevalence of infection

In the West, as well as in Japan, several reports suggest a declining prevalence of Helicobacter pylori infection. A reported lower rate of association between H. pylori and duodenal ulcer (DU) in recent years (75% in USA and 30%-75% in some other countries) advises against the empiric use of antibiotic therapy for ulcer patients without confirmation of H. pylori infection. In developing countries with a high prevalence of H. pylori infection, eradication therapy may not be cost-beneficial in DU patients in this country.

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Severe esophageal stricture probably resulting from chronic detergent exposure

Corrosives may be ingested either accidentally or for suicidal attempts. We report a patient who developed esophageal stricture, probably as a result of chronic detergent exposure.

A 60-year-old man was referred with history of intermittent epigastric pain, dyspepsia, melena, and progressive difficulty in swallowing. He had history of bleeding gastric ulcer, which was treated by sclerotherapy four
Upper GI endoscopy revealed diffuse inflammatory exudation and hyperemia in the upper esophagus (Fig). Passage of the endoscope through the esophagus was difficult. Barium swallow showed concentric narrowing of the distal esophagus. An attempt at balloon dilatation was unsuccessful as the stricture was long and the patient could not tolerate the procedure. Thus, total esophageal replacement with colonic interposition was done. Examination of the specimen revealed severe inflammation, erosion and ulceration. Detailed history revealed that the patient habitually left his dentures in a glassful of detergent at night in order to prevent discoloration. As there was no other likely cause, we attributed the esophageal stricture to recurring exposure to detergents. Among the ingredients in the detergent used by him (Ariel; Procter and Gamble, Turkey) the possible cause of the stricture was the bleaching agent, sodium carbonate. There are no reports about corrosive mucosal injuries due to the other constituents (unspecified surfactant[s], sodium carbonate 15%-40%, proteolytic enzyme [subtilisin], alkyl [C10-C16] benzenesulfonic acid, sodium salt 7%-13%).

Household bleach ingestion is the most common toxic exposure in the United States. These bleaches have relatively low toxicity, and may be regarded as only an esophageal irritant. In animal studies, prolonged contact times are necessary to induce injury detectable by endoscope, and extensive necrosis or stricture formation did not occur. In a case series of 129 patients who had ingested bleach, only two had evidence of mild esophageal injury on endoscopy and no complications or consequence were found. Detailed history revealed that the patient habitually left his dentures in a glassful of detergent at night in order to prevent discoloration. As there was no other likely cause, we attributed the esophageal stricture to recurring exposure to detergents. Among the ingredients in the detergent used by him (Ariel; Procter and Gamble, Turkey) the possible cause of the stricture was the bleaching agent, sodium carbonate. There are no reports about corrosive mucosal injuries due to the other constituents (unspecified surfactant[s], sodium carbonate 15%-40%, proteolytic enzyme [subtilisin], alkyl [C10-C16] benzenesulfonic acid, sodium salt 7%-13%).

In conclusion we believe that this patient developed esophageal stricture as a result of chronic exposure to a detergent that contains calcium carbonate as bleaching agent. It is known that mucosal damage is also influenced by duration of exposure to a corrosive agent.

In conclusion we believe that this patient developed esophageal stricture as a result of chronic exposure to a detergent that contains calcium carbonate as bleaching agent. It is known that mucosal damage is also influenced by duration of exposure to a corrosive agent.