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L'ACTIVITÉ PHYSIQUE
PAYS INVITÉ : LA SUISSE
Société Nationale Française de Gastro-Entérologie
SNFGE
FMC HGE

# PRISE EN CHARGE EN URGENCE DES LESIONS CAUSTIQUES DU TRACTUS DIGESTIF SUPERIEUR

Mircea CHIRICA

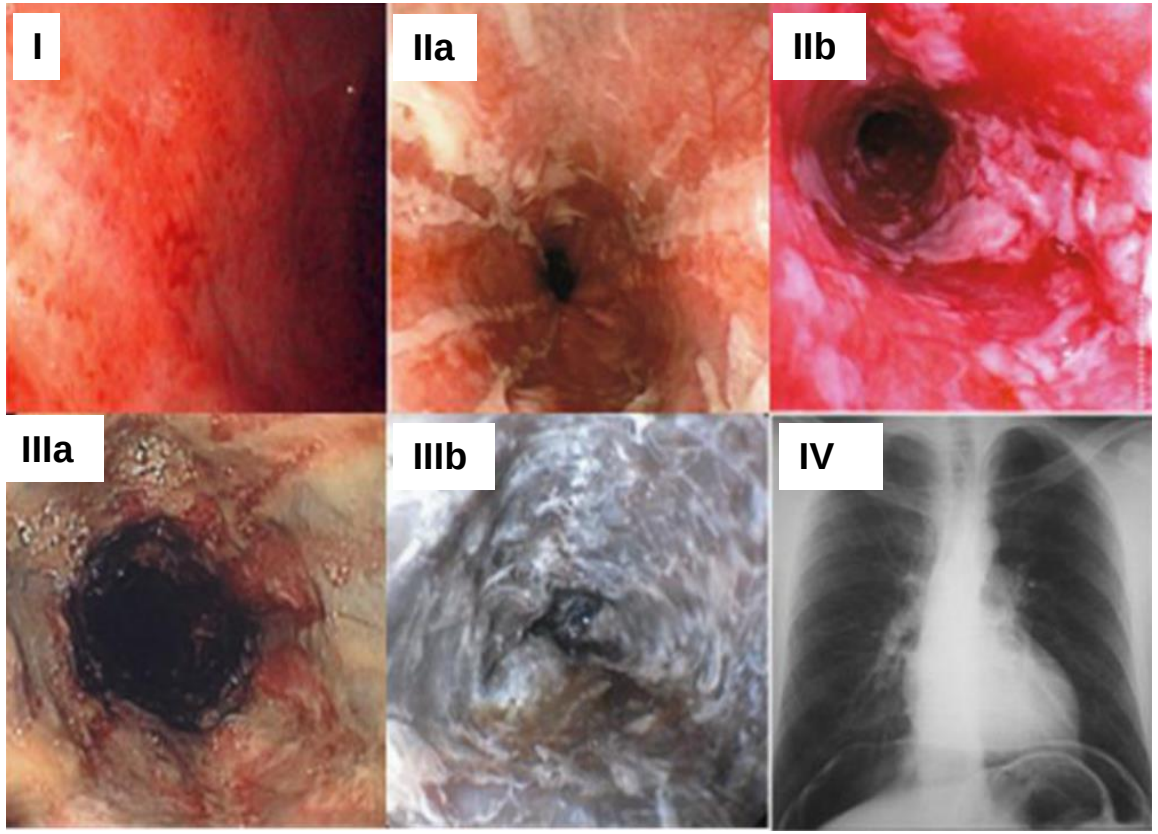
# Liens d’intérêts

- L’orateur n’a pas déclaré ses éventuels liens d’intérêts sur le site des JFHOD.

# OBJECTIFS PEDAGOGIQUES

- Sélection de patients pour la chirurgie
- Prise en charge chirurgicale
- Traitement conservateur
- Prise en charge des ingestions caustiques en France

# SELECTION DE PATIENTS
## ENDOSCOPIE




Grade 3b

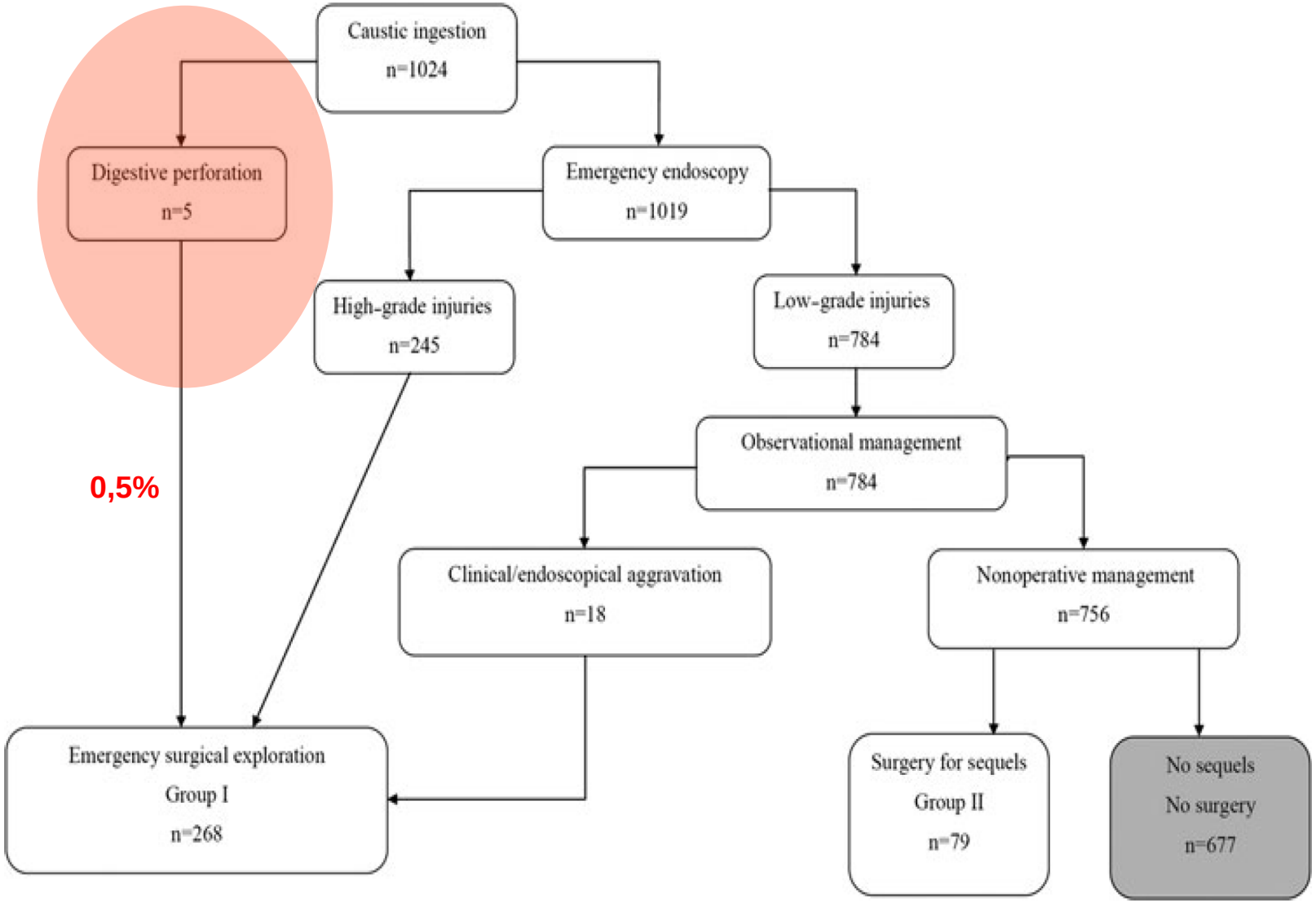
ESTOMAC= EXPLORATION

ESOPHAGE= RESECTION

| | grade 3a | grade 3b |
|---|---|---|
| Morbidité precoce (%) | 19 | 71 |
| Mortalité (%) | 0 | **65** |
| Reconstruction oesophagienne | 25 | 67* |

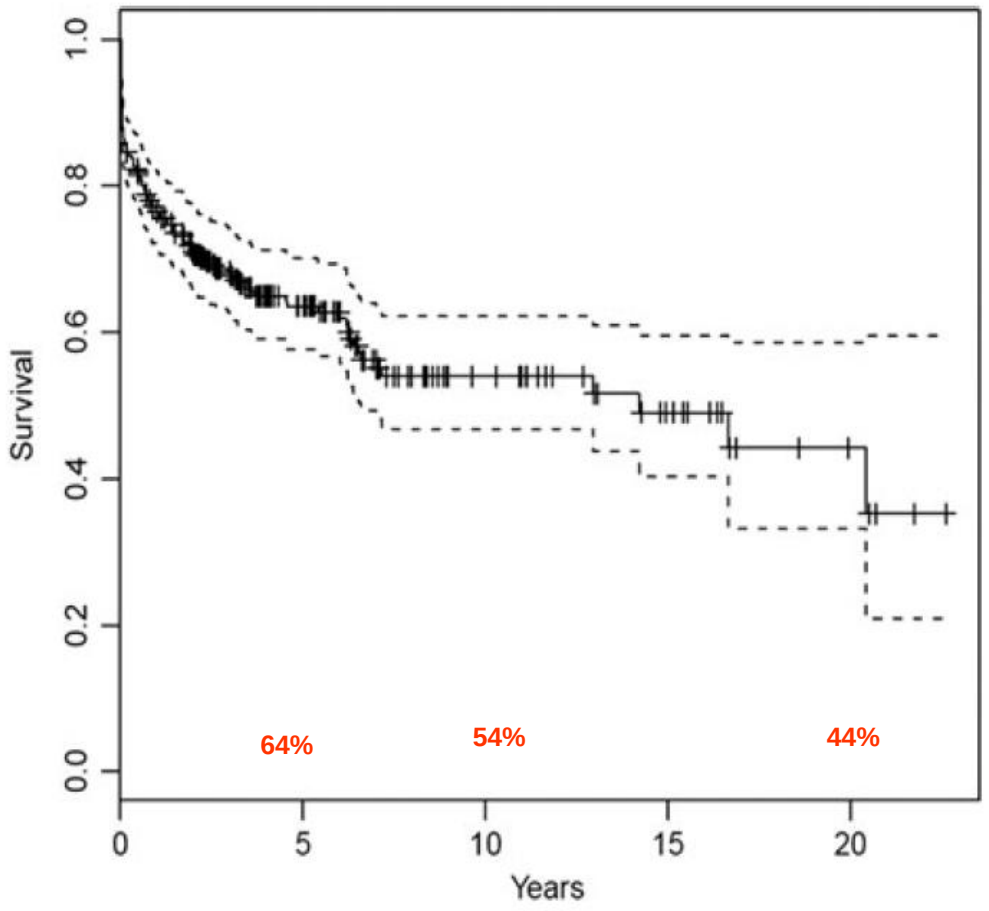
*Zargar et al 1991*

1987 - 2000




*Chirica et al. Ann Surg 2012*

# SELECTION DE PATIENTS
## ENDOSCOPIE




**SMR: 21**

*Chirica et al. Ann Surg 2012*

# SELECTION DE PATIENTS
## ENDOSCOPIE

**TABLE 3.** Univariate and Multivariate Prognostic Factor Analysis for Survival in Patients Who Underwent Emergency Surgery (N = 268)

| | Univariate | | | Multivariate | | |
|---|---|---|---|---|---|---|
| | HR | 95% CI | *P* | HR | 95% CI | *P* |
| Age | 1.02 | 1.01–1.04 | 0.0018 | 1.03 | 1.01–1.04 | 0.0021 |
| Sex | 0.78 | 0.53–1.14 | 0.20 | | | |
| Psychiatric disease | 1.49 | 0.93–2.41 | 0.099 | | | |
| Suicide attempt | 3.25 | 0.45–23.27 | 0.24 | | | |
| Extended resection | 3.85 | 2.55–5.82 | <0.0001 | 2.29 | 1.41–3.74 | 0.0009 |
| Emergency esophagectomy | 1.86 | 0.86–4.03 | 0.11 | 3.09 | 1.27–7.49 | 0.013 |
| Pancreatoduodenectomy | 2.53 | 1.35–4.75 | 0.004 | | | |
| Tracheobronchial injuries | 2.53 | 1.41–4.54 | 0.0019 | 2.87 | 1.53–5.41 | 0.0011 |
| Intensive care unit admission | 2.08 | 1.63–3.66 | 0.0018 | | | |
| Emergency tracheotomy | 1.16 | 0.08–1.74 | 0.48 | | | |

**Oesophagectomie injustifié : 15%**

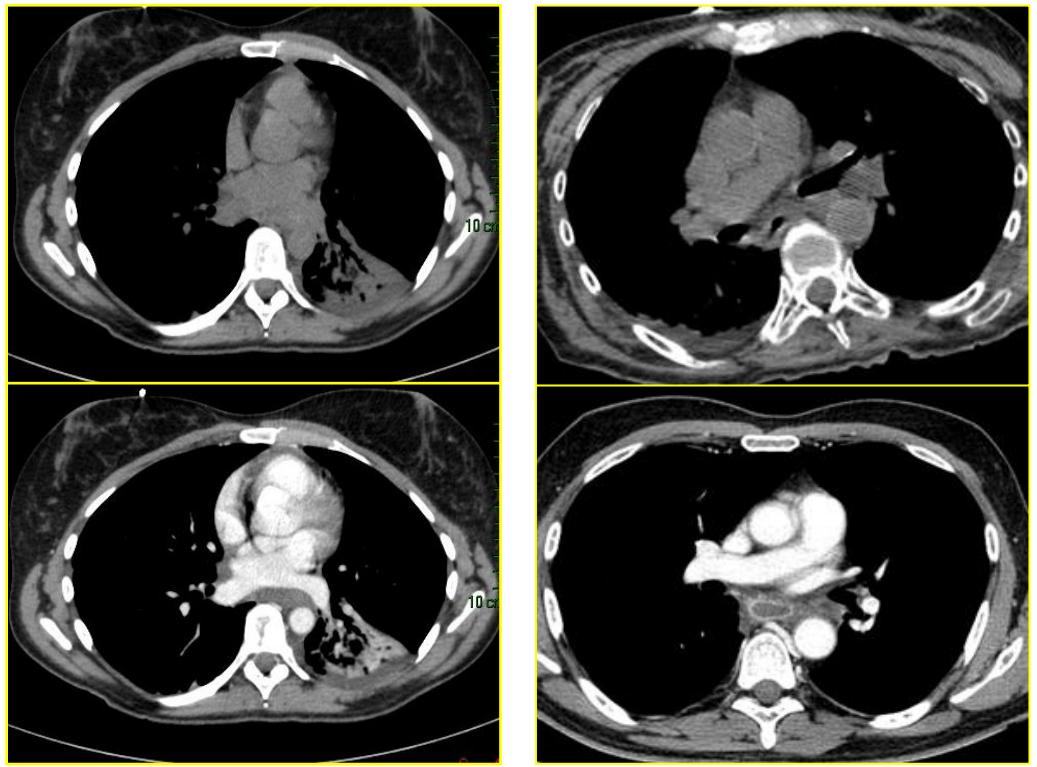
*Chirica et al. Ann Surg 2012*

# SELECTION DE PATIENTS
## TDM

**Janvier-Juillet 2007**

**NECROSE OESOPHAGIENNE**

**OUI** **NON**



**Critère radiologique**

**ABSENCE:**

- Visibilité de la paroi œsophagienne
- Visibilité de la graisse péri-œsophagienne
- Prise de contraste de la paroi œsophagienne

**Absence de nécrose œsophagienne transmurale**

**7/14**

OESOPHAGE

FOGD
3b

2008-2012

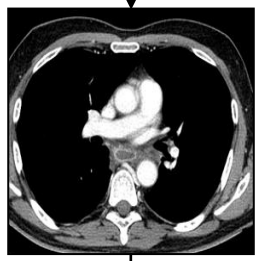
2000-2007

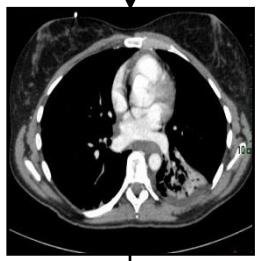
Groupe TDM
n=72

Groupe FOGD
n=125

TDM

- Traitement conservateur: 67%
- Décès « watch and wait »: 0
- Œsophage natif en fonction: 36%





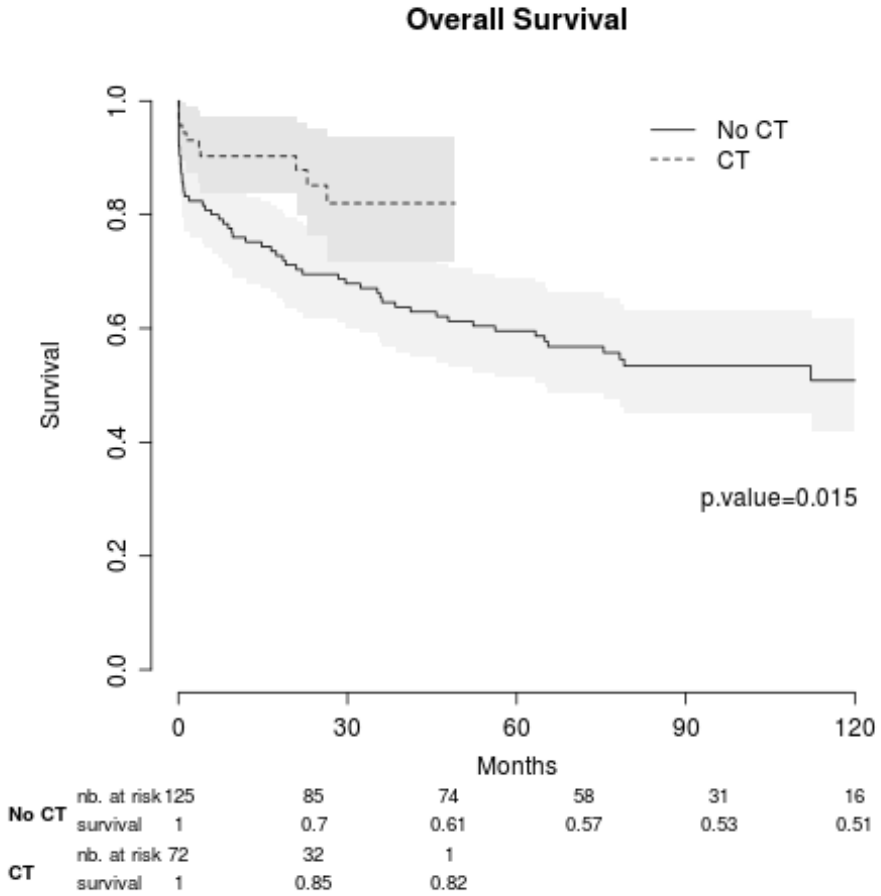
TRAITEMENT CONSERVATEUR

RESECTION

*Chirica et al Surg Endosc 2014*

# SELECTION DE PATIENTS

## TDM

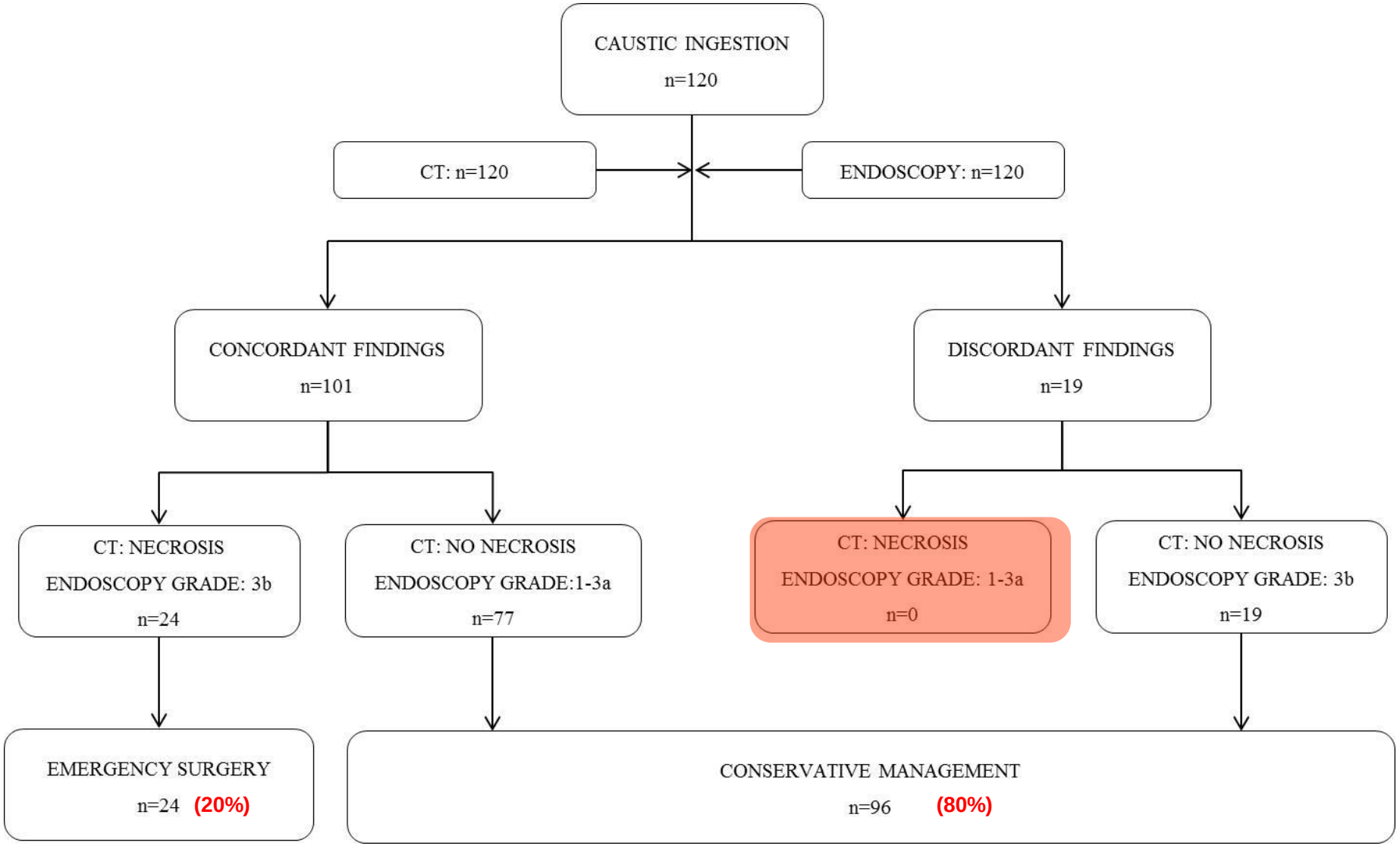



- ❑ **Augmentation de la survie globale**
- ❑ **Amélioration des résultats fonctionnels**

*Chirica et al Surg Endosc 2014*

# SELECTION DE PATIENTS

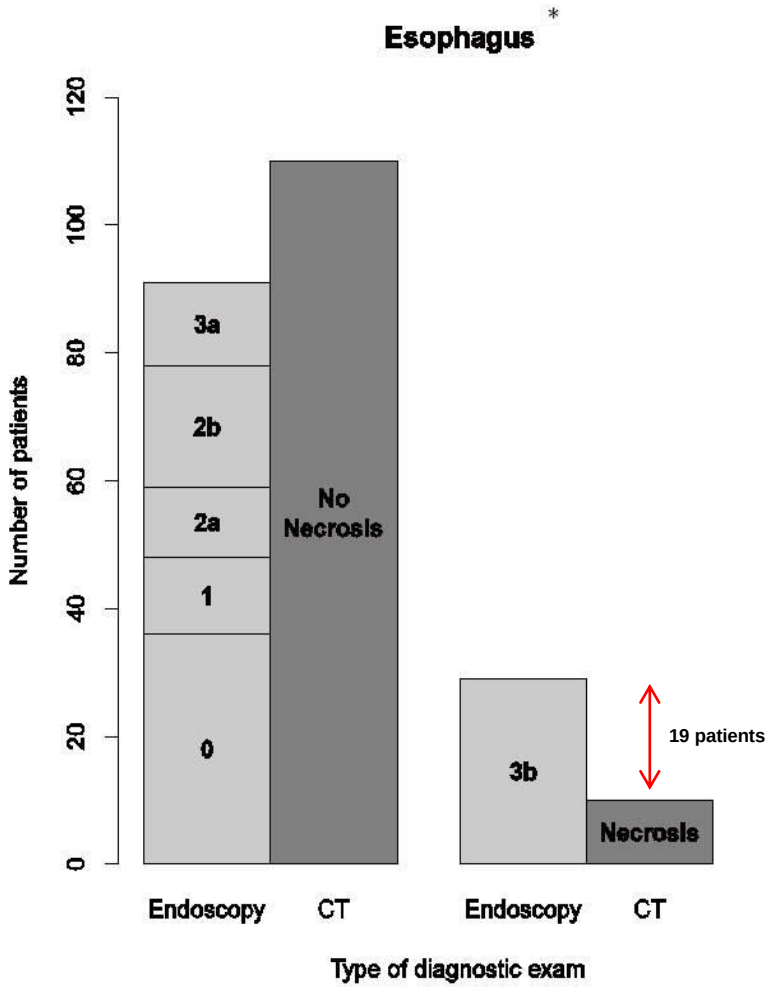
## TDM

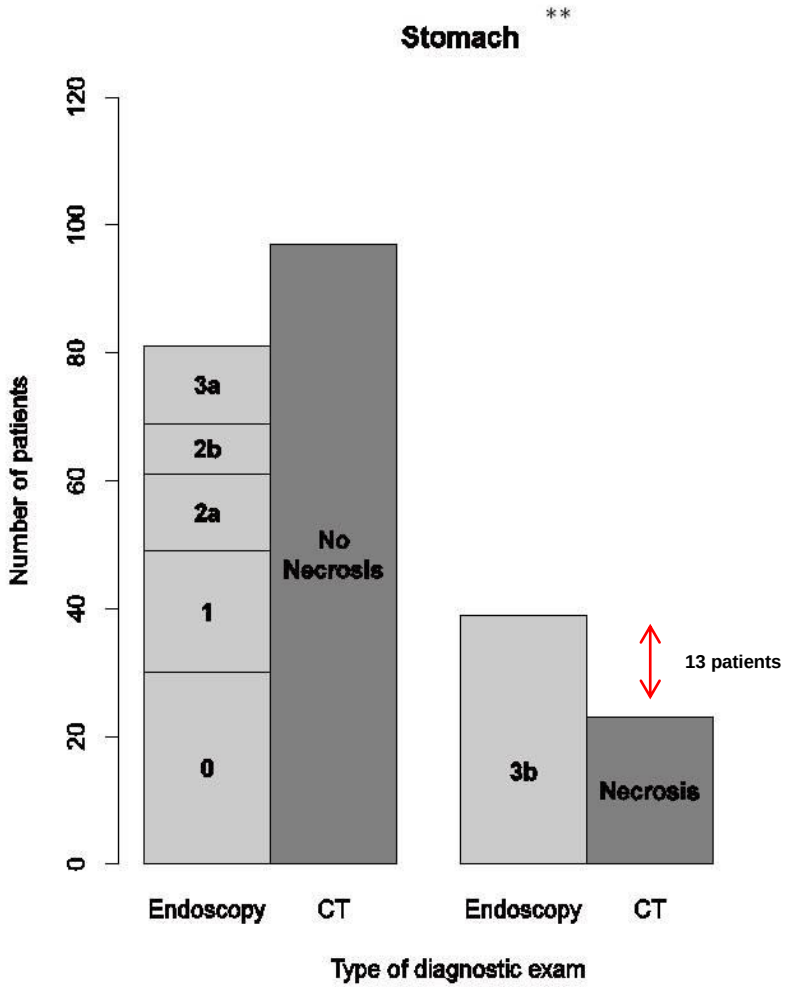



*Chirica et al Ann Surg 2016*

# SELECTION DE PATIENTS

## TDM



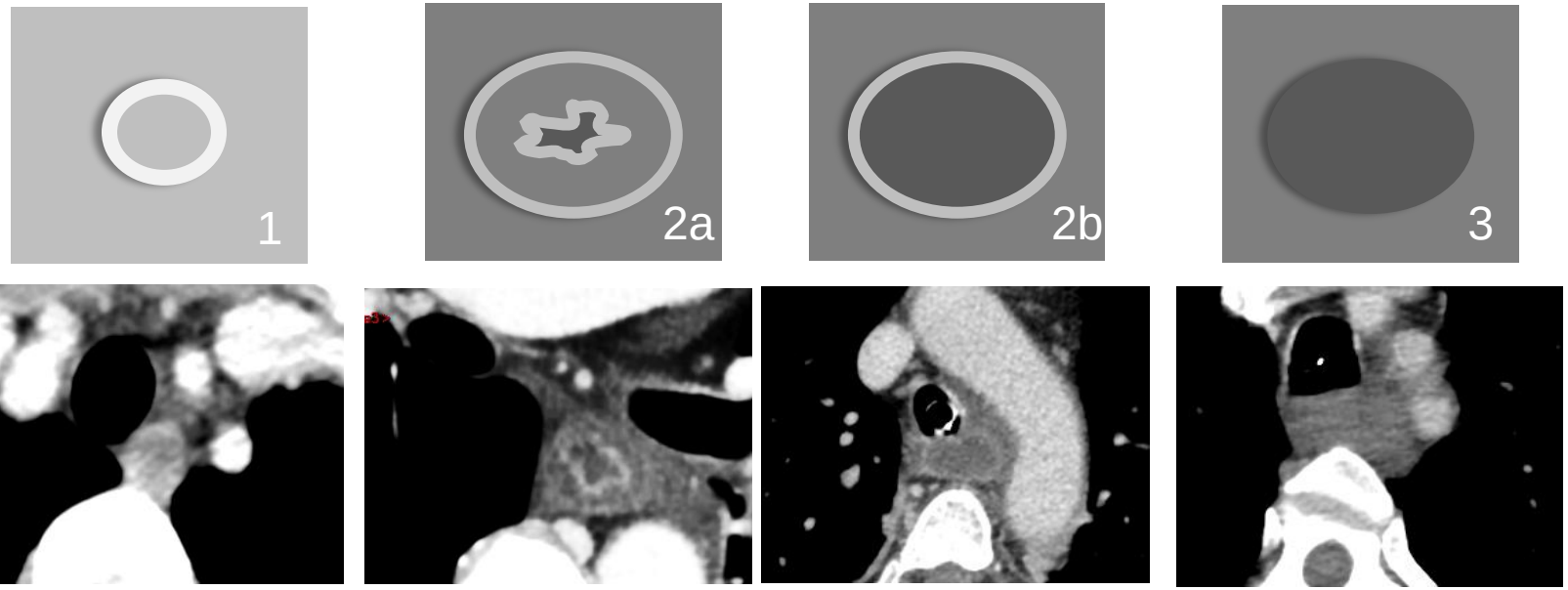

* Necrosis confirmed by pathology in 9 patients

** Necrosis confirmed by pathology in 16 patients

*Chirica et al Ann Surg 2016*

# Classification TDM de lésions caustiques

## Œsophage




**Stade I**

TDM normal

**Stade IIa**

Prise de contraste en cocarde - œdème

**Stade IIb**

Prise de contraste externe uniquement

**Stade III**

Absence de prise de contraste de l'oesophage

Pas de nécrose transpariétale

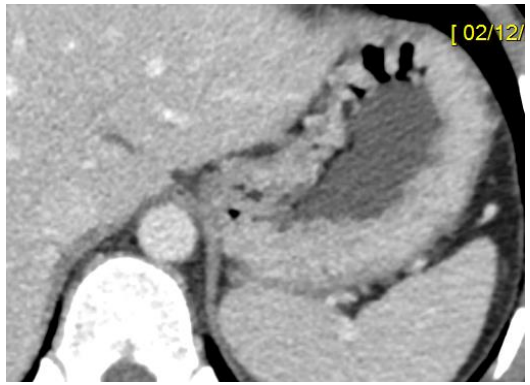
Nécrose transpariétale

**Chirurgie**

*Chirica et al. NEJM 2020*

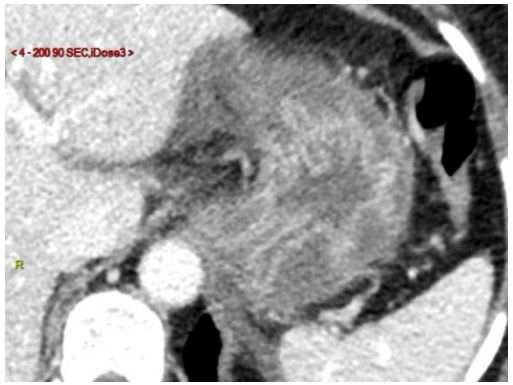
# Classification TDM de lésions caustiques

## Estomac



**Stade I**

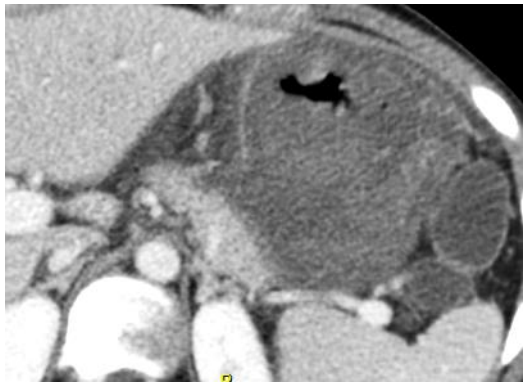
TDM normal



**Stade II**

Œdème pariétal

Prise de contraste pariétale préservée



**Stade III**

Pas de prise de contraste de la paroi (grosse tubérosité)

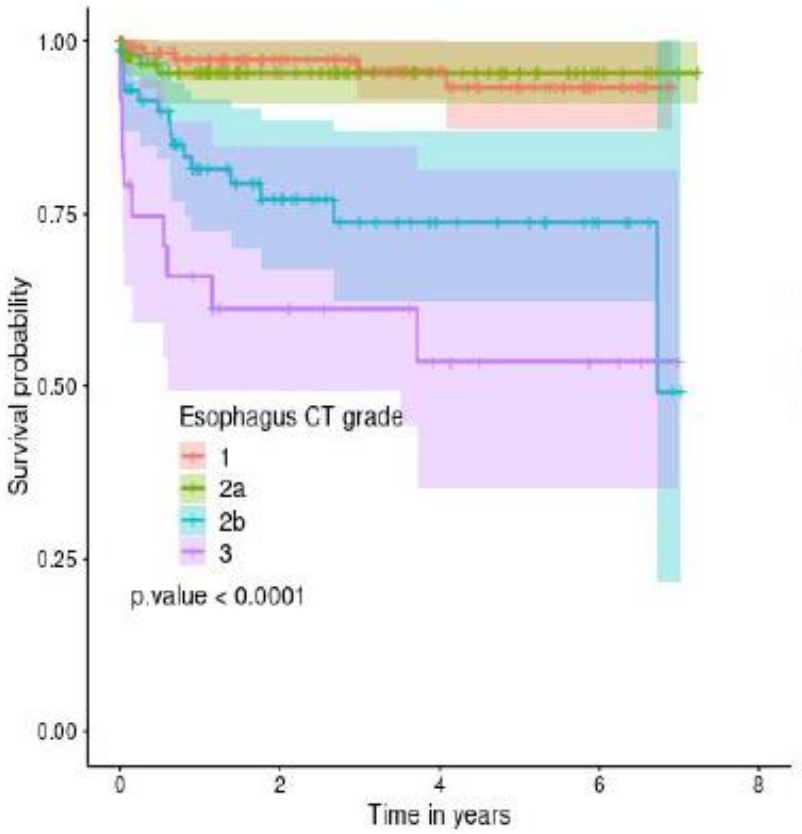
Pas de nécrose transpariétale

Nécrose transpariétale

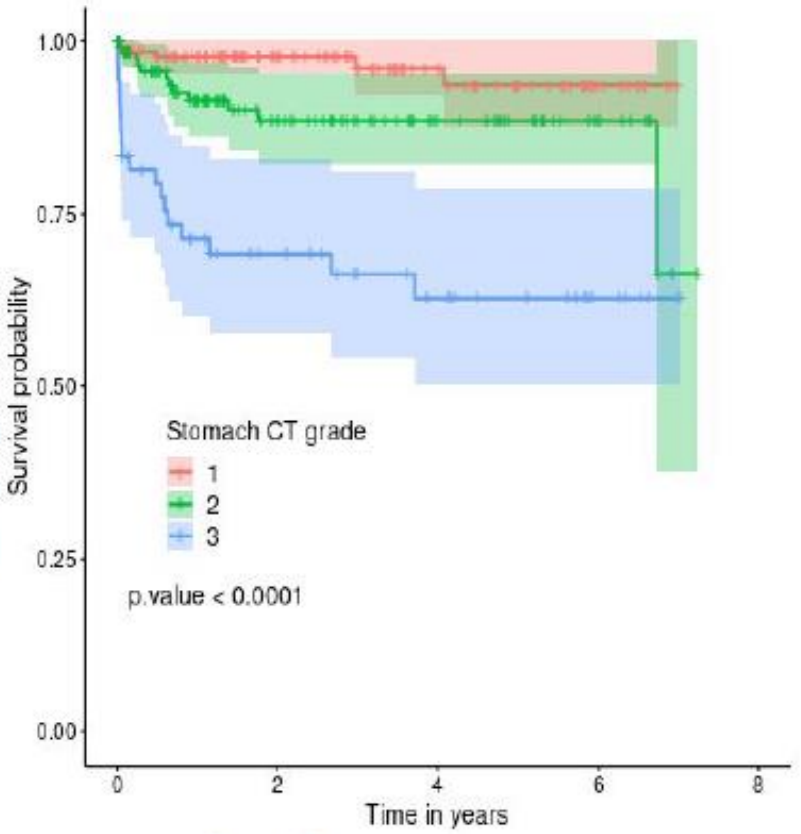
**Chirurgie**

*Chirica et al. NEJM 2020*

# Corrélation stade TDM - Survie




a




b

Agrement inter-observateur
- Nécrose esophagienne [kappa ¼ 0.73 (0.47; 0.89)]
- Nécrose gastrique [kappa ¼ 0.8 (0.48; 0.89)].

(0.74 (0.34; 0.89) et 0.85 (0.38; 0.95) pour les radiologues seniors)

***Assalino et al. Soumis Dis Esophagus 2022***

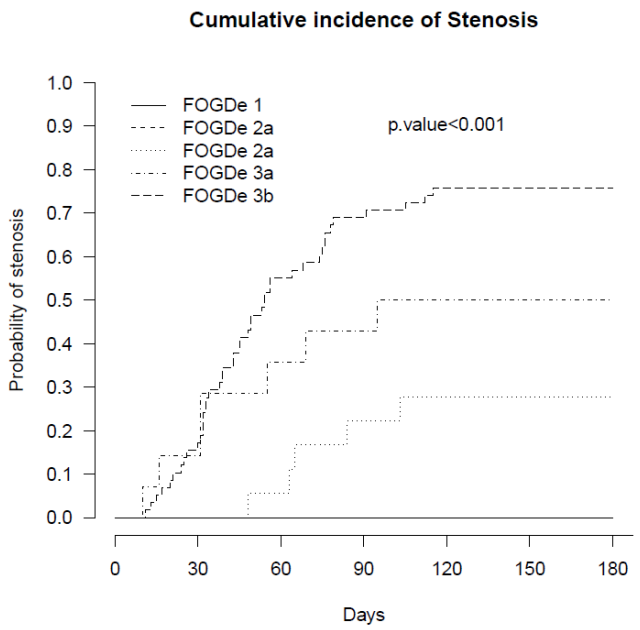
***Chirica et al. Ann Surg 2015***

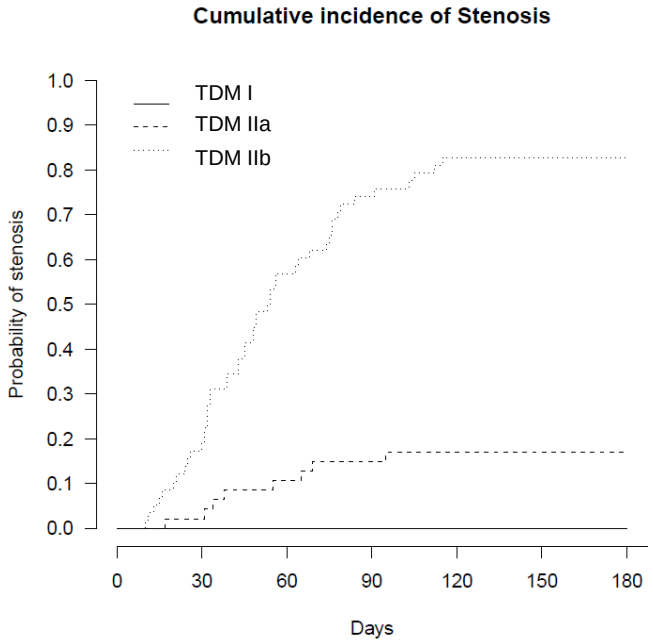
# SELECTION DE PATIENTS

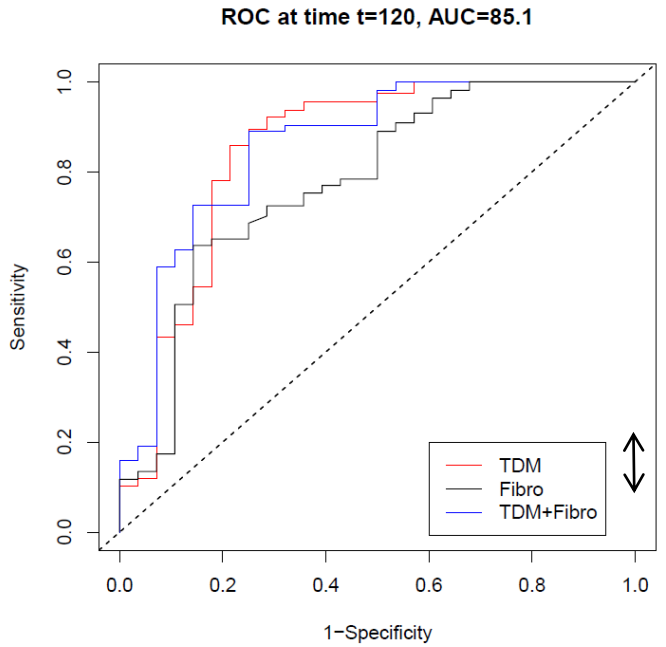
## TDM

## PREDICTION RISQUE STENOSE OESOPHAGIENNE

**FOGD** **TDM**




p=0.047

**152 PATIENTS**

**CT+FOGD**

**PAS DE RESECTION**

*Bruzzi et al Ann Surg 2019*

# SELECTION DE PATIENTS
## TDM

*Diseases of the Esophagus* (2022), **00**, 1–7
https://doi.org/10.1093/dote/doac032

DISEASES OF THE ESOPHAGUS

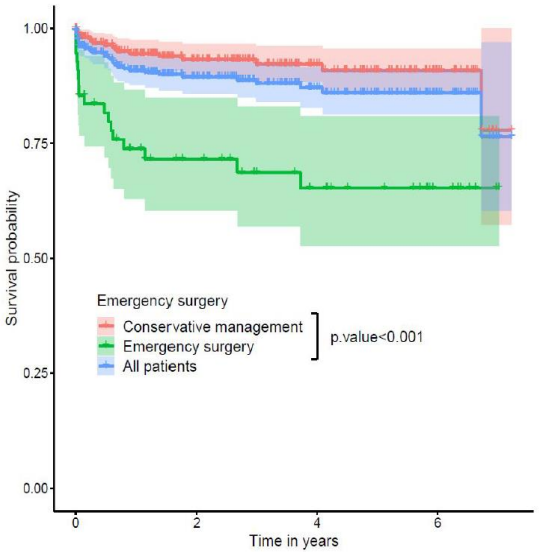
ISDE The International Society for Diseases of the Esophagus

Original Article

**Emergency computed tomography evaluation of caustic ingestion**

Michela Assalino,[1] Matthieu Resche-Rigon,[2] Helene Corte,[1] Leon Maggiori,[1] Anne Marie Zagdanski,[3] Diane Goere,[1] Emile Sarfati,[1] Pierre Cattan,[1] Mircea Chirica[1,4]

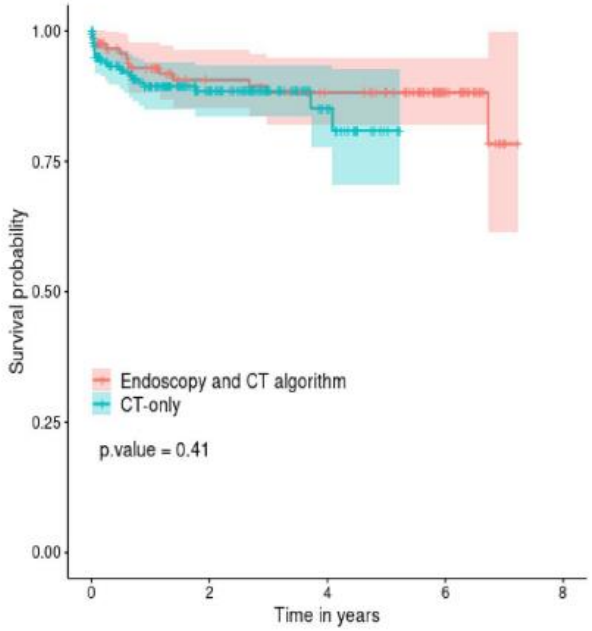
- 2013-2019
- 414 patients
- TDM+FOGD: 120
- **TDM seule: 294**

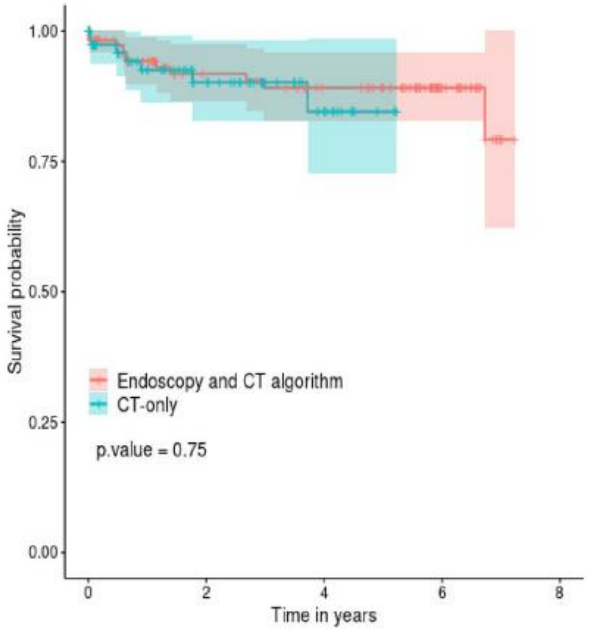



**SMR : 5,5**

**SMR : 8,4**

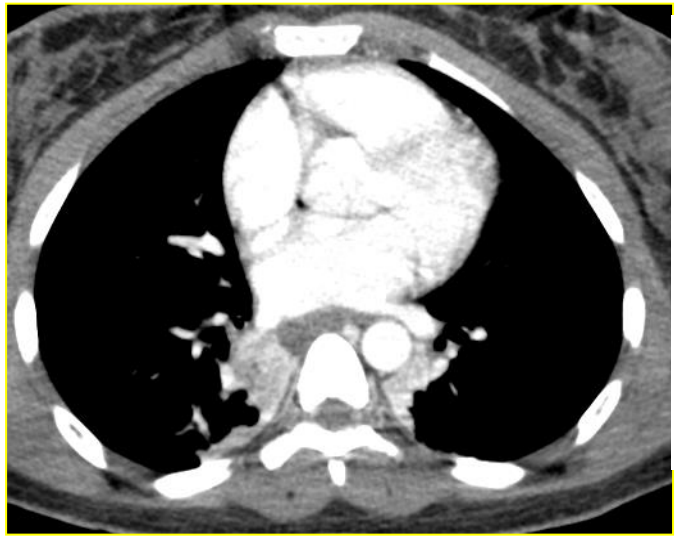
**SMR : 19,3**

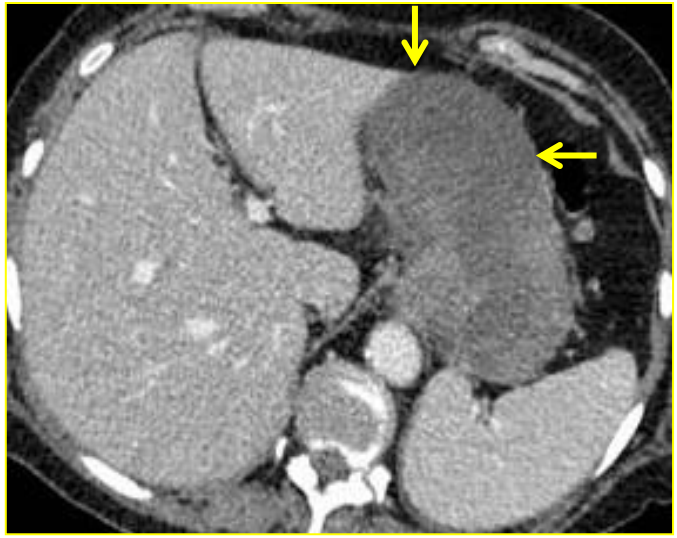


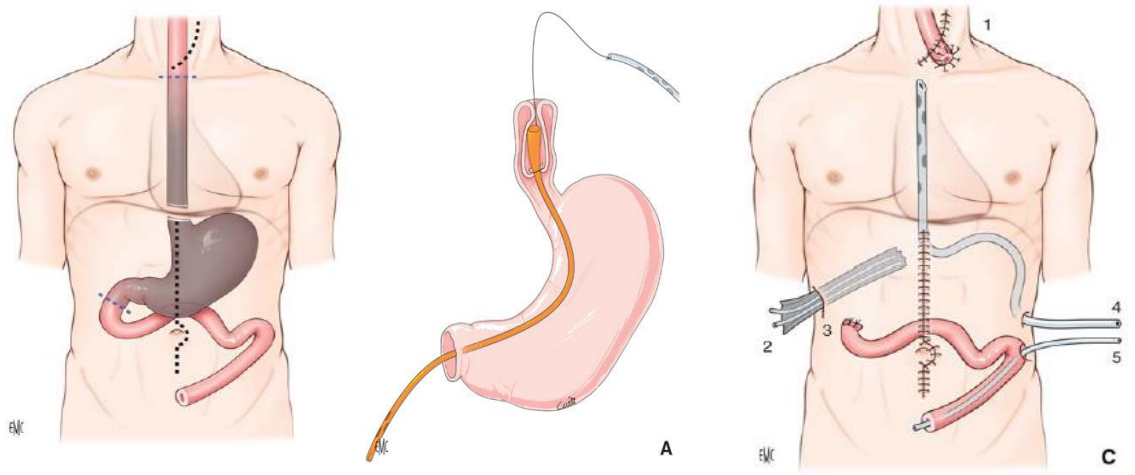



# CHIRURGIE EN URGENCE

## ESOGASTRECTOMIE







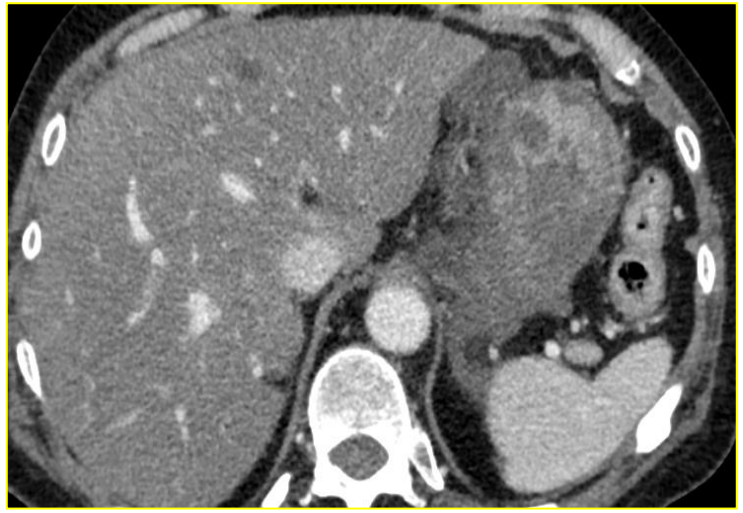

**Saint Louis Hospital**

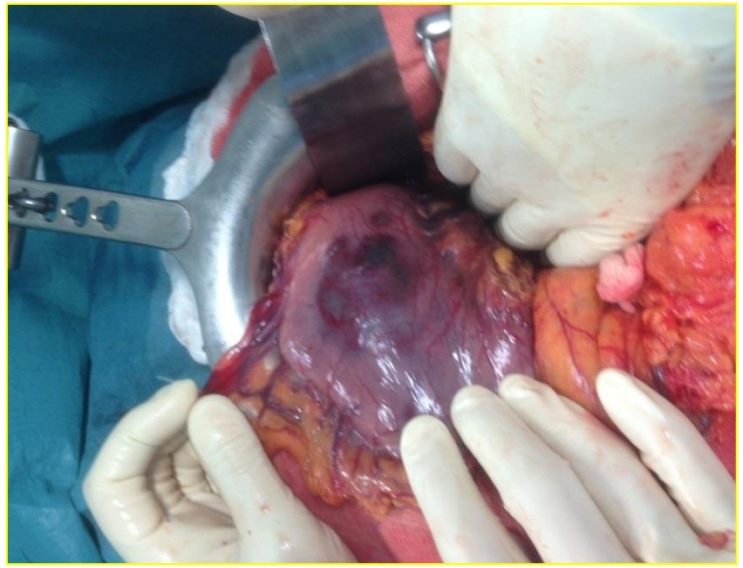
- **Esogastrectomie: N=26**
- **Mortalité :29%**
- **Morbidité: 80%**

***Assalino et al. Dis Esophagus 2022***

# CHIRURGIE EN URGENCE

## GASTRECTOMIE ET OESOPHAGO-JEJUNOSTOMIE





**SI DOUTE ⟹ EXPLORATION!!!**

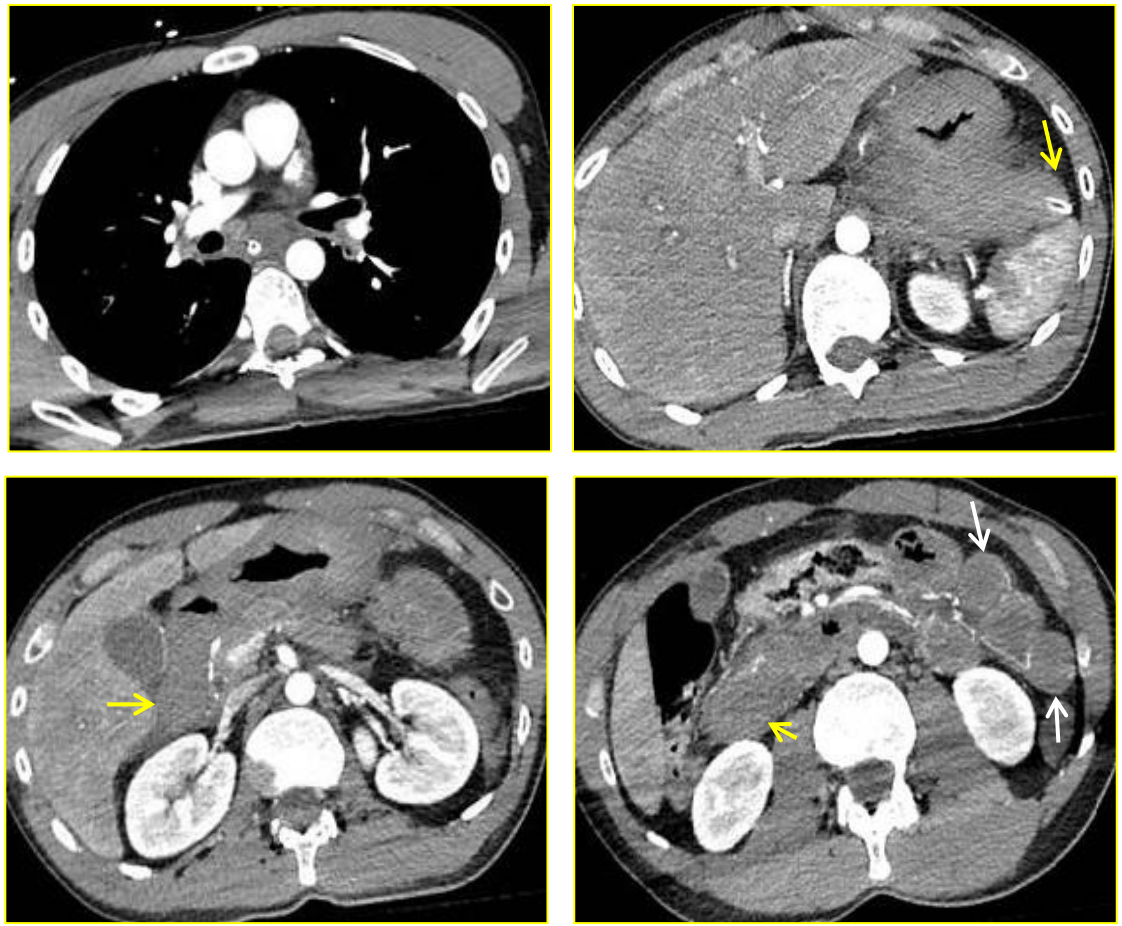
**Saint Louis Hospital**

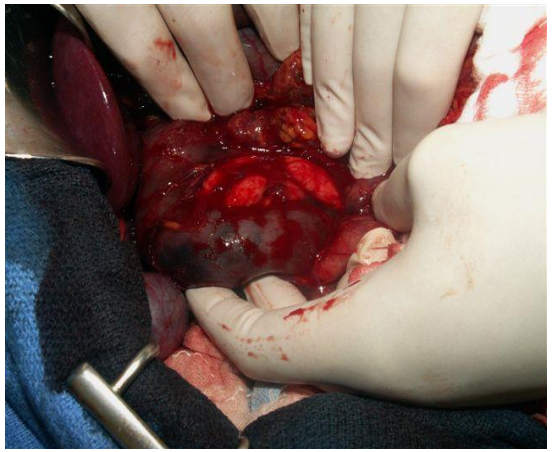
- **Gastrectomie +EJ: N=13**
- **Mortalité :8%**
- **Fistule EJ : 0%**

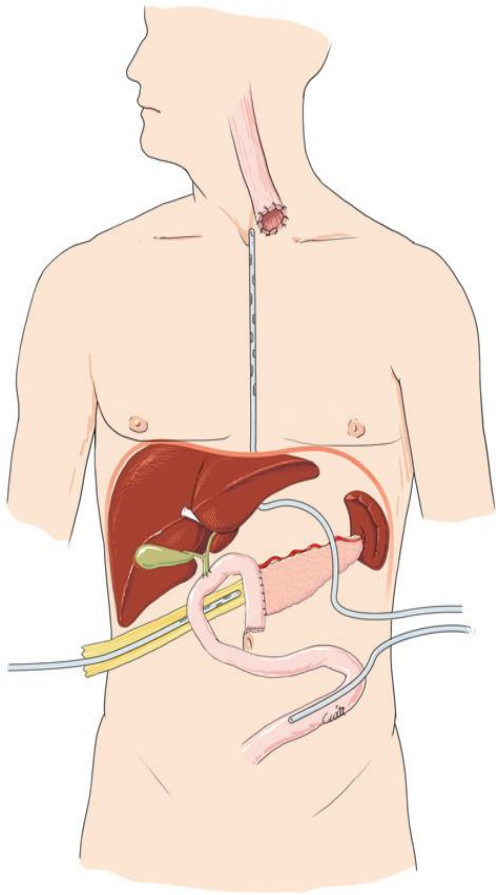
***Assalino et al. Dis Esophagus 2022***

# CHIRURGIE EN URGENCE

## DUODENO-PANCREATECTOMIE CEPHALIQUE





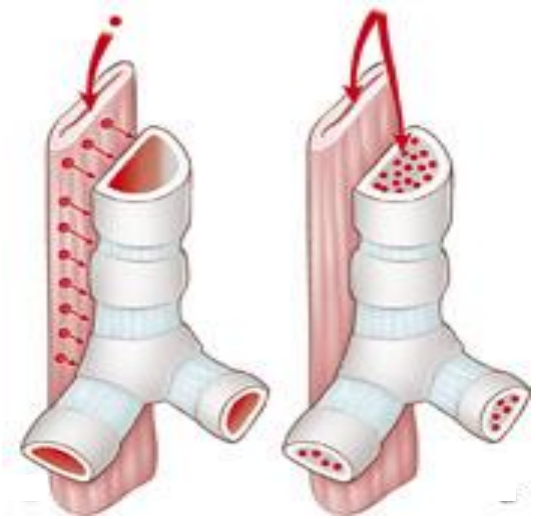


### Saint Louis Hospital

- **Pancreatoduodenectomie: N=7**
- **Mortalité :43%**
- **Morbidité: 100%**

# CHIRURGIE EN URGENCE

## PATCH PULMONAIRE



**ENDOSCOPIE TRACHEOBRONCHIQUE PREOPERATOIRE**

**THORACOTOMIE DROITE**

**Expérience Hôpital Saint Louis**

**BRULURES TRACHEO-BRONCHIQUES: N=20**

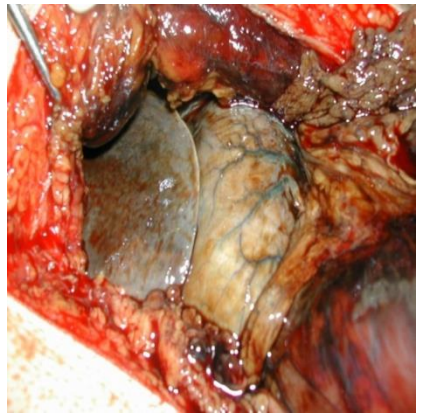
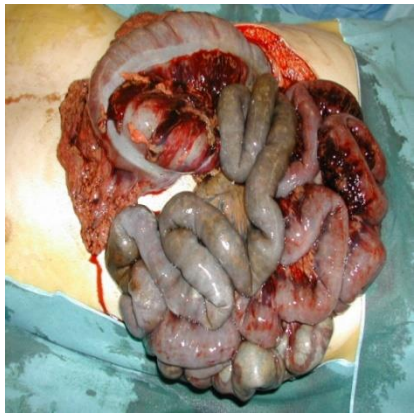
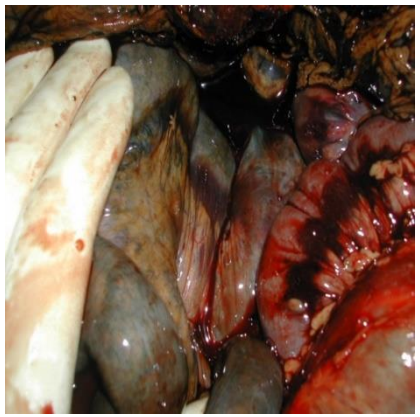
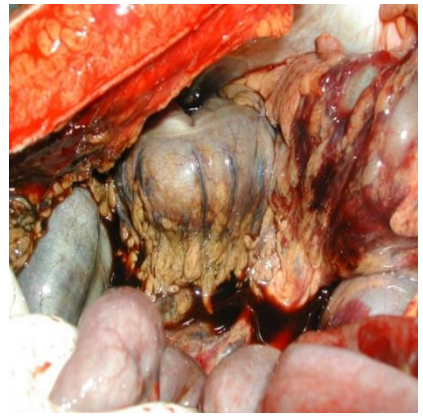
- Pancreatoduodenectomie: n=4
- Mortalité :45%
- Morbidité: 100%

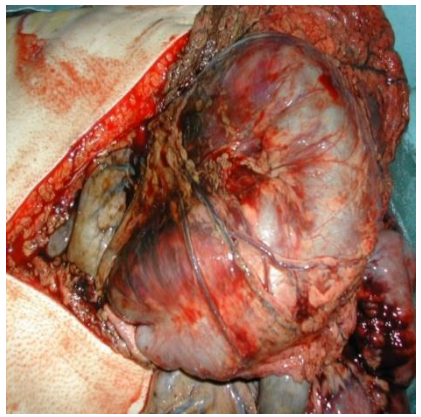
*Jacob et al. J Thorac cardiovasc Surg 1992*

*Benjamin et al. Ann Surg 2015*

# CHIRURGIE EN URGENCE

## ABSTENTION THERAPEUTIQUE



**NECROSE ETENDUE DU GRELE**

**NE DOIVENT PAS CONDITIONER LA DECISION**

- ❑ **Les possibilités de reconstruction**
- ❑ **Des considérants de qualité de vie**

**!**

*Faron et al. Ann Surg 2021*

# TRAITEMENT CONSERVATEUR

**FOGD: 76% ⟹ TDM: 89%**

Lésions sévères

SURVEILLANCE REANIMATION

## CLINIQUE

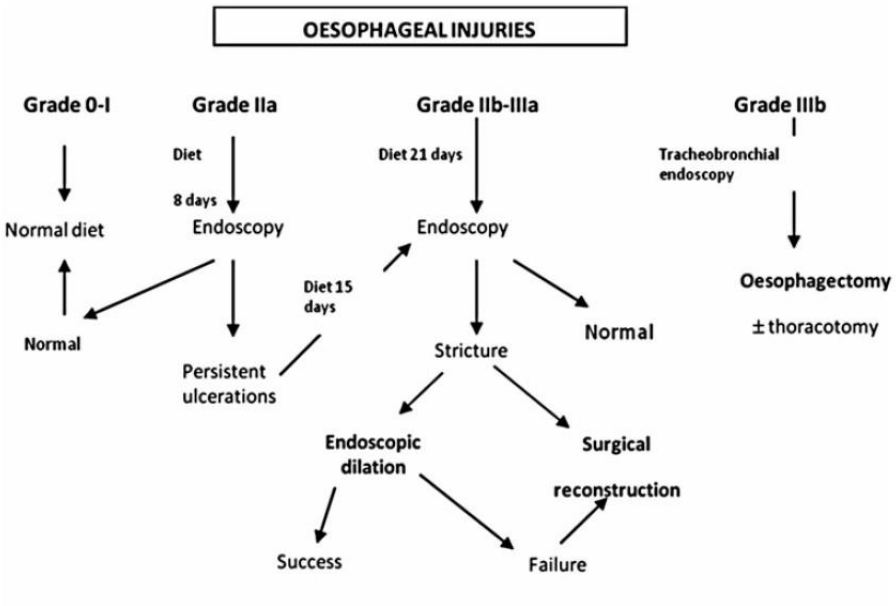
- Aggravation troubles neuropsychiques
- Confusion
- Défense abdominale
- Contracture

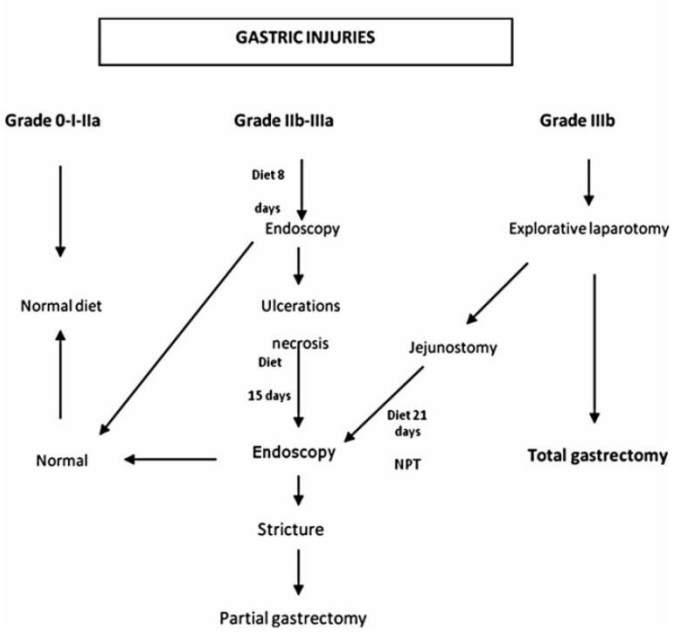
## PARACLINIQUE

- Leucocytose
- Créatinine
- Ph
- Lactates
- Bilirubine
- ALAT
- ASAT
- Plaquettes

# TDM

# TRAITEMENT CONSERVATEUR




*Cabral et al. Surg Endosc 2012*

- ❑ **Réalimenter des que le patient est capable d'avaler**
- ❑ **Consultation psychiatre avant la sortie**
- ❑ **Consultation à 4 mois**

# INGESTION DE CAUSTIQUE EN FRANCE

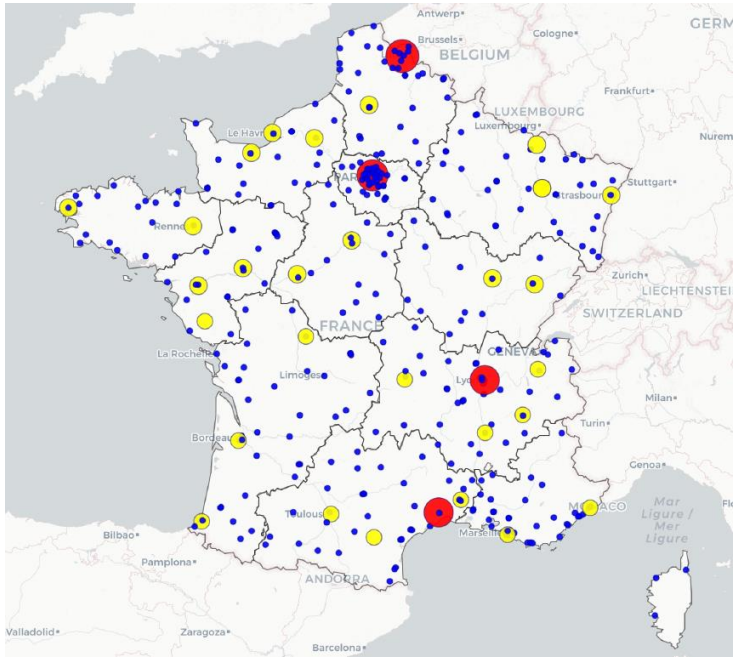
JAMA Surgery | Original Investigation

## Outcomes Associated With Caustic Ingestion Among Adults in a National Prospective Database in France

Alexandre Challine, MD; Léon Maggiori, MD, PhD; Sandrine Katsahian, MD, PhD; Hélène Corté, MD; Diane Goere, MD, PhD; Andrea Lazzati, MD, PhD; Pierre Cattan, MD, PhD; Mircea Chirica, MD, PhD

**PMSI 2010 -2019**

- ❑ 22 657 226 admissions aux urgences
- ❑ 3544 (0,016 %) ingestions de caustique
- ❑ 350 prises en charge/an



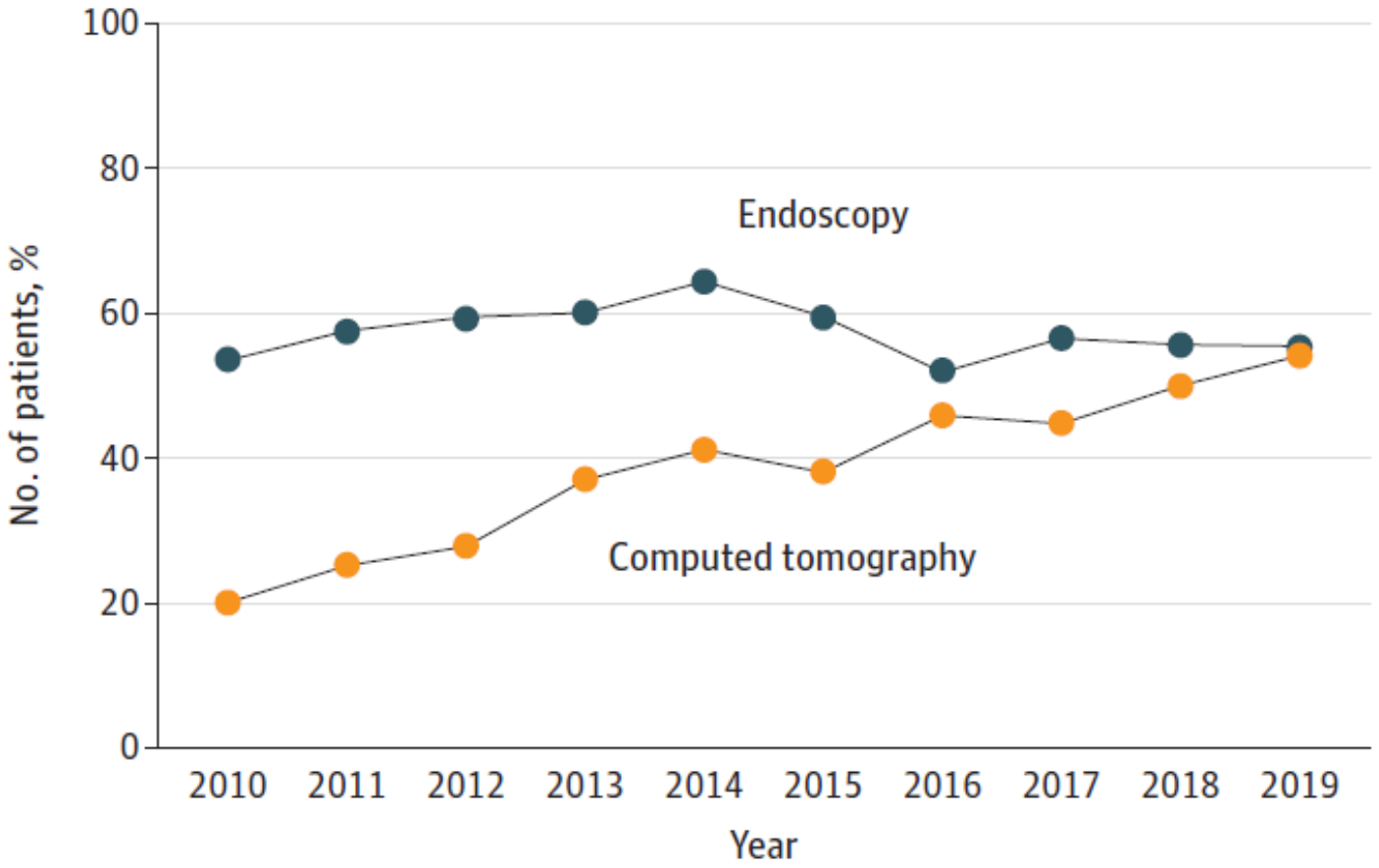

***435 centres :***

- 404 à bas volume (< 2/an)
- 27 à moyen volume (2-9/an)
- 4 à haut volume (≥ 10/an)

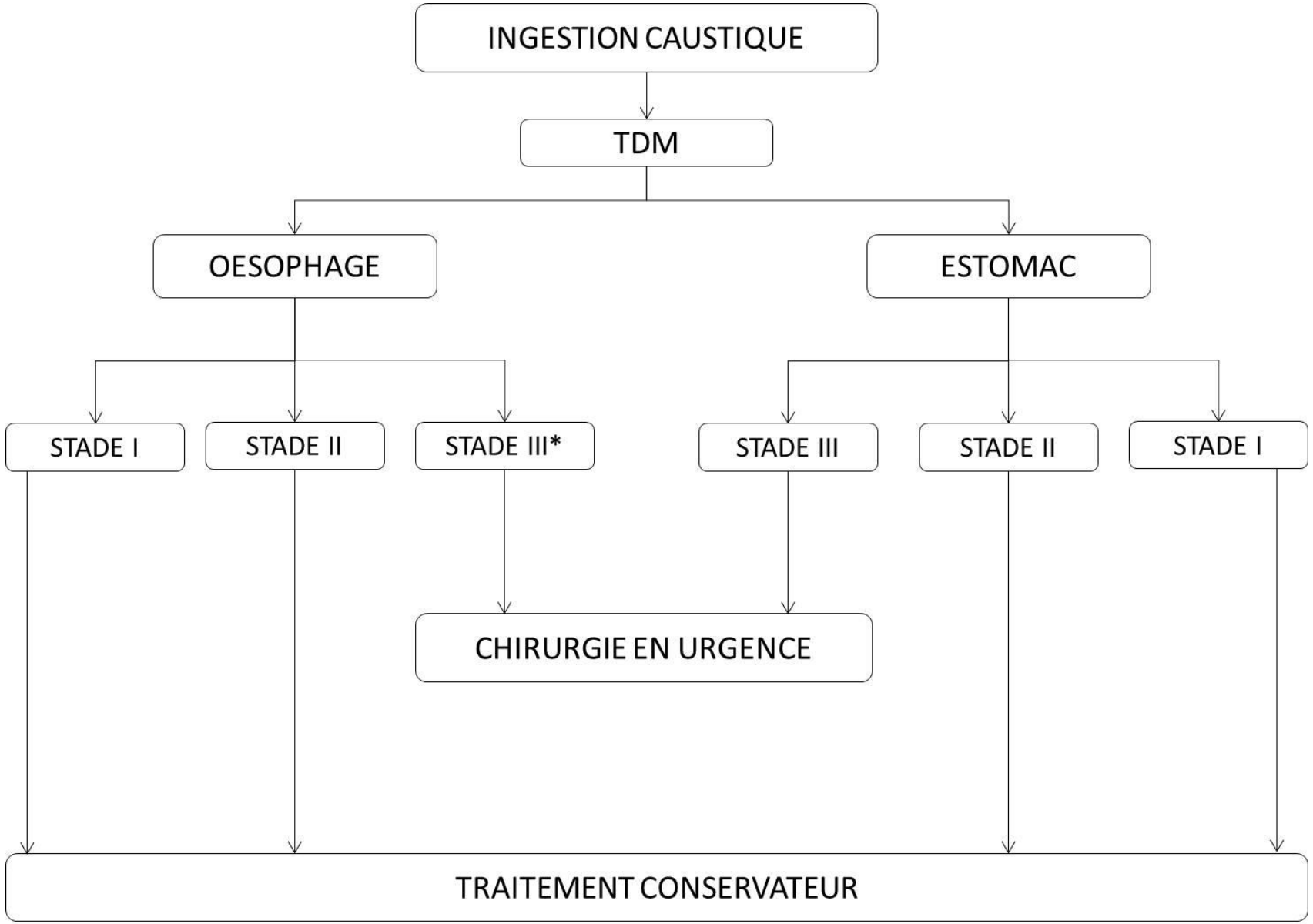
***Transferts*** : 3,2%

**Prise en charge en centre de bas volume ⇨ MORTALITE**

# INGESTION DE CAUSTIQUE EN FRANCE




*Challine et al. JAMA Surg 2022*




* Traitement conservateur si lésions gastriques Stade I-II

*Assalino et al. Dis Esophagus 2022*

# POINTS FORTS

- **Selection des patients pour la chirurgie: TDM**
- **Centralisation de la prise en charge**
- Endoscopie en urgence : enfants, insuffisance rénale avancé, allergies sévères
- L'indication chirurgicale représente un tournant décisif dans l'histoire de la maladie car alors les pronostics vital et fonctionnel sont en jeu.