Oesophageal strictures in dystrophic epidermolysis bullosa

Sir,—Walton and Bennett in their progress report ‘Skin and gut’ (Gut 1991; 32: 694–7) declare that diffuse oesophageal involvement in dystrophic epidermolysis bullosa is difficult to manage with a considerable risk of perforation. They recommend colonic interposition either by bypass or replacement of the strictured oesophageal segment. They base their recommendation on a report describing successful surgical oesophageal replacement in two patients.

I am concerned that patients with dystrophic epidermolysis bullosa complicated by oesophageal strictures may be subjected to major surgery when colleagues follow the recommendation of Walton and Bennett and thereby ignore an established non-operative treatment method. Balloon dilatation with balloons of predetermined size, placed in the oesophagus over a pathfinder string, combined with long term tube feeding is an effective and safe procedure.1 Dilatation even of diffuse strictures in the thoracic oesophagus is no more difficult than in the cervical part. The avoidance of tangential shearing forces induced by bougienage and the use of balloon dilatators which produce vertical pressure reduce the risk of mucosal detachment. We have not seen oesophageal perforation with this method and no such complication has to my knowledge been reported with our method. Three of our original four patients treated with balloon dilatation and tube feeding nine or 10 years ago respectively have not experienced recurrence of tight oesophageal strictures. One patient developed severe dysphagia again four and five years after the original treatment and was retreated in 1987.2 With no further recurrence, oesophageal surgery with its inherent risks has not been necessary in any of our patients.

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Gastrointestinal Motility

The Sixth European Symposium on Gastrointestinal Motility will be held from 19–21 November 1992 in Barcelona. Further information from Unicongress, Calvet, 55 (493a), 08021 Barcelona, Spain. Tel: 343 414 03 22; Fax: 343 414 02 51.