

Abstract:

Between March 1990 and August 1997, outpatient endoscopic balloon dilation was performed for oesophageal strictures which developed secondary to malignancies, peptic strictures, post surgical narrowing, achalasia cardia, corrosive ingestion and other causes. A total of 169 dilations were performed in the 92 cases with an average of 1.8 dilation/case (Range 1 to 8). Dilation was possible in all 92 cases without the need for fluoroscopic monitoring. Twenty three (13.6%) of the dilations were performed using pneumatic balloon while in 146(86.4%) cases wire guided metal olives were used. There were nine minor complications which were treated with medication on an outpatient basis and four major complications which required inpatient care. Three of these had perforation of the oesophagus and one died. One other patient developed aspiration pneumonia and subsequently died.