

[ PICTURES IN CLINICAL MEDICINE ]

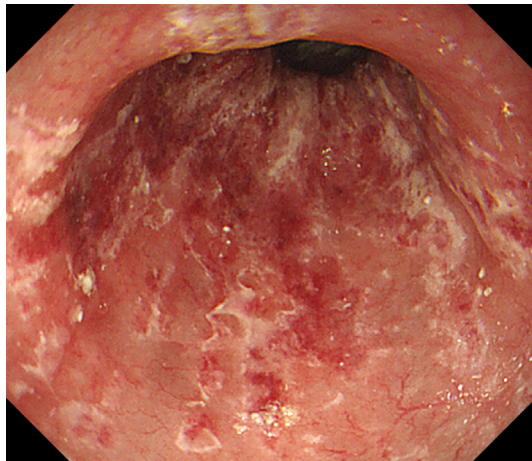
## Accidental Ingestion of Quicklime

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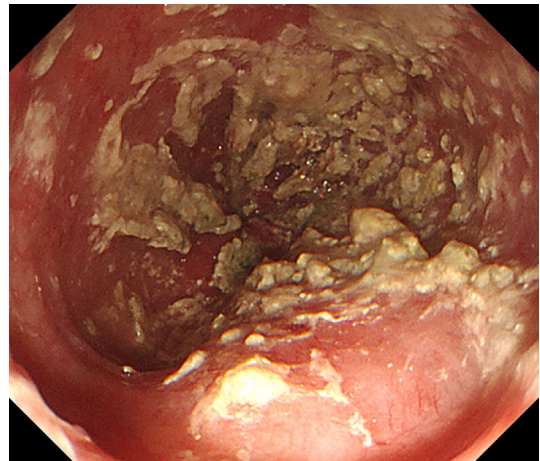
**Key words:** quicklime, accidental ingestion, corrosive esophagitis, corrosive gastritis, dementia

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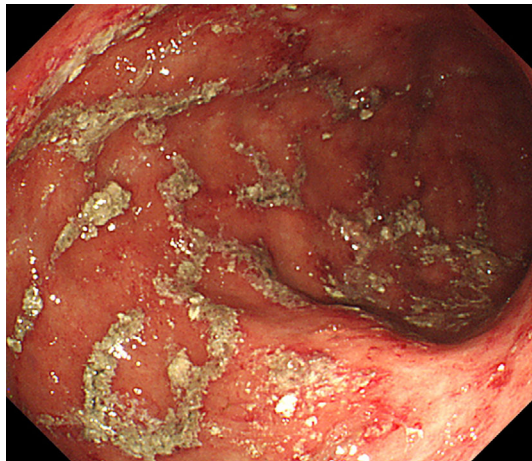
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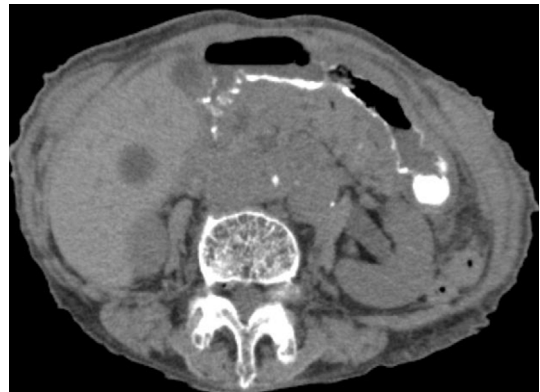
Picture 1.



Picture 2.



Picture 3.



Picture 4.

Accidental ingestion of the desiccating agent calcium oxide, commonly known as quicklime, causes chemical burns due to its strong alkalinity. A lethal dose of quicklime is ap-

proximately 10 g (1). An 84-year-old woman with dementia presented with accidental ingestion of quicklime (approximately 6-7 g). Computed tomography (CT) revealed marked

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thickening of the entire esophageal wall, and several regions of the digestive tract, from the esophagus to the small intestine, showed high absorption. A blood test showed no specific findings, such as an elevation of the inflammatory response. Although no severe oropharyngeal injury was seen, esophagogastroduodenoscopy showed corrosive esophagitis. Erosions, edema, and hyperemia were observed in the esophagus (Picture 1). The lower esophagus showed firm white deposits (Picture 2). In addition, corrosive gastritis with erosions and hemorrhaging was detected. Linear erosions with white deposits were identified on the greater curvature of the stomach (Picture 3); these corresponded to the areas of high absorption on CT (Picture 4). The mucosal burns were stage I/III (2). Vomiting was contraindicated, and gastric lavage was not performed. The patient was treated conservatively using mucosal protective agents. Her condition improved subsequently without any esophageal or gastric stricture.

Written consent to publish this report was obtained from the patient's family because the patient has dementia. All procedures performed in this report adhered to the tenets of the Declaration of Helsinki.

**The authors state that they have no Conflict of Interest (COI).**

## References

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2. Di Costanzo J, Noirclerc M, Jouglard J, et al. New therapeutic approach to corrosive burns of the upper gastrointestinal tract. *Gut* **21**: 370-375, 1980.

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