CONDITION

Esophageal stricture - benign

A benign esophageal stricture is a noncancerous narrowing of the tube that carries food from the mouth to the stomach.

WHAT IT IS
Noncancerous narrowing of the esophagus

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Trouble swallowing, food sticking, regurgitation, unplanned weight loss

WHAT CAUSES IT
Scarring after inflammation, injury, radiation, or procedures

HOW IT IS DIAGNOSED
Upper endoscopy, biopsies, and sometimes a barium swallow

MAIN TREATMENT
Endoscopic stretching and treatment of the cause

CAN IT BE CURED?
Sometimes - narrowing may recur after treatment

IS IT AN EMERGENCY?
Sometimes - food blockage or breathing trouble

LONG-TERM OUTLOOK
Usually manageable, though repeat treatment may be needed

Overview

A benign esophageal stricture is a noncancerous narrowing of the esophagus, the muscular tube that carries food and drink from your mouth to your stomach.

The narrowing usually forms after inflammation or injury damages the esophageal lining. As the area heals, less-flexible scar tissue may develop and tighten the opening.

A stricture can make swallowing difficult. Food may feel stuck in the throat or chest, especially solid food such as meat or bread. A severe narrowing can also interfere with liquids or cause food to become completely lodged.

"Benign" means the stricture itself is not cancer. However, cancer and other conditions can also cause swallowing problems. New or worsening difficulty swallowing needs medical

assessment.

Treatment usually combines widening the narrowed area with controlling its cause. Some strictures return and require further treatment.

Symptoms

Symptoms often develop gradually. At first, swallowing may be difficult only with solid foods. Softer foods and liquids may become difficult if the narrowing gets tighter.

Common symptoms include:

You may also take smaller bites, chew longer, add sauces to food, or avoid eating with other people.

A food impaction occurs when food becomes lodged in the esophagus and will not pass. You may be unable to swallow water or your own saliva. This requires urgent assessment.

Other conditions, including esophageal muscle disorders, eosinophilic esophagitis, and growths, can cause similar symptoms.

- A feeling that food is sticking in the throat or chest
- Difficulty swallowing, also called dysphagia
- Food or liquid coming back into the mouth
- Pain when swallowing
- Coughing or choking during meals
- Heartburn or a sour taste from acid reflux
- Eating slowly or avoiding certain foods
- Unplanned weight loss

Causes and risk factors

Long-term acid reflux is a common cause. Repeated exposure to stomach contents can inflame the esophagus and produce scarring. This is sometimes called a peptic stricture.

Other causes include:

Less often, strictures develop after certain infections, particularly in people with weakened immune systems, or from rare skin and connective tissue conditions.

Identifying the cause matters because widening the esophagus does not stop ongoing

inflammation or injury.

- Eosinophilic esophagitis: an immune-related condition causing long-term esophageal inflammation
- Radiation treatment: radiation to the chest, neck, or upper abdomen can injure the esophagus
- Surgery or endoscopic treatment: healing after esophageal procedures can leave a narrowed area
- Swallowed corrosive substances: strong household or industrial chemicals can cause deep injury and scarring
- Medication injury: some tablets can irritate the esophagus if they remain there instead of reaching the stomach
- Long-term use of feeding tubes: pressure or irritation may contribute in some situations

Diagnosis

Assessment usually includes questions about which foods are difficult to swallow, how quickly the problem developed, and whether food has become stuck. Your weight, reflux symptoms, medications, previous procedures, and radiation history are also relevant.

An upper endoscopy is often the main test. A thin, flexible camera is passed through the mouth into the esophagus, usually with sedation. This allows a specialist to examine the narrowing and surrounding lining.

Small tissue samples, called biopsies, may be taken to check for cancer, eosinophilic esophagitis, or another cause of inflammation. Taking a biopsy generally does not cause pain.

A barium swallow may be used before or after endoscopy. You swallow contrast liquid while X-rays are taken to show the stricture's location, length, and shape. This can be useful when a narrowing is very tight or complex.

Blood tests cannot confirm a stricture but may identify anemia, dehydration, or poor nutrition.

Treatment and management

Treatment aims to improve swallowing and reduce the chance of recurrence.

The main procedure is esophageal dilation. During an endoscopy, the narrowed section is carefully stretched with a balloon or smooth dilating instrument. A tight or long stricture may

need gradual widening over several sessions.

Sedation or anesthesia is commonly used. Mild throat or chest discomfort may occur afterward. Follow your care team's instructions about when to drink and eat and which symptoms require urgent attention.

Treating the underlying cause is also important. This may include acid-suppressing medicine for reflux or specific treatment for eosinophilic esophagitis. If a medication has injured the esophagus, a health professional may change how it is taken or suggest an alternative. Do not stop prescribed medication without advice.

For strictures that keep returning, selected treatments include injecting anti-inflammatory medicine into the scar, making small cuts in a scar ring, or temporarily placing a stent to hold the esophagus open. Surgery is uncommon but may be considered when endoscopic treatment is not effective or safe.

While swallowing is difficult, choose softer, moist foods, take small bites, and chew thoroughly. Do not force food down with liquid. Dietary changes are not a substitute for assessment.

A dietitian may help if you are losing weight or struggling to get enough protein, fluids, or other nutrients.

Complications

Food can become completely stuck and may need urgent removal through an endoscope.

Ongoing swallowing difficulty can cause weight loss, dehydration, or poor nutrition. Food or liquid may enter the airway, known as aspiration, and sometimes cause a lung infection.

Dilation is generally effective but can cause bleeding or a tear in the esophageal wall. A full-thickness tear, called a perforation, is uncommon but serious and requires urgent treatment.

The most frequent longer-term problem is recurrence, especially if the original inflammation continues. Recurrence does not automatically mean cancer, but it requires reassessment.

Prevention

Not every benign esophageal stricture can be prevented. Scarring may occur after necessary surgery or radiation despite careful treatment.

Managing inflammation may reduce the risk of a stricture forming or returning. If you have acid reflux or eosinophilic esophagitis, follow your treatment and monitoring plan.

Take tablets with enough water and follow instructions about remaining upright afterward. If you have trouble swallowing pills, ask a pharmacist rather than crushing or opening them without advice.

Keep corrosive cleaning products and chemicals in their original labelled containers and store them securely. Never transfer them into drinking bottles or food containers.

Food choices cannot remove established scar tissue. Early assessment of worsening swallowing may allow treatment before eating becomes severely restricted.

Living with it and what to expect

Many people swallow more comfortably soon after dilation. A short, simple stricture may stay open, while a long or heavily scarred area may require repeated procedures over months or years.

Controlling the underlying cause can reduce further damage but may not remove existing scar tissue. Follow-up may involve monitoring symptoms, adjusting treatment for reflux or inflammation, and arranging another endoscopy if swallowing worsens.

You may need liquids or softer foods for a short period after dilation. Longer-term restrictions are not always necessary, although dry, tough, or bulky foods may be more likely to stick.

Watch for changes such as taking longer to finish meals, drinking more to move food down, or avoiding foods you previously managed. These may indicate that the narrowing is returning.

Most people can continue their usual activities between treatments. A dietitian or swallowing specialist may help if eating becomes stressful or nutritionally limited.

Keep records of previous endoscopies, dilation procedures, biopsy results, and the suspected cause. These may be useful if you need emergency care for stuck food.

When to get medical help

Arrange a timely medical appointment for new difficulty swallowing, particularly if symptoms are worsening, swallowing is painful, or you are losing weight without trying.

Seek urgent medical care if food remains stuck and will not pass, even if you can still breathe. Do not try to push it down by swallowing more food.

Call emergency services if:

After an endoscopy or dilation, get urgent help for severe or increasing chest pain, breathing difficulty, fever, repeated vomiting, or vomiting blood. Mild throat discomfort can occur, but

severe or worsening symptoms are not routine.

- You are choking or having trouble breathing
- You cannot swallow your saliva and are drooling
- You develop severe chest, neck, or upper abdominal pain
- You vomit blood or material that looks like coffee grounds

Common questions

Can a benign esophageal stricture turn into cancer?

A benign stricture does not itself turn into cancer. However, cancer can also narrow the esophagus, and some underlying conditions need separate monitoring. Endoscopy and biopsies help identify the cause.

Will an esophageal stricture heal on its own?

Inflammation may improve when its cause is treated, but established scar tissue usually does not widen fully by itself. Dilation is often needed for significant swallowing problems.

Does esophageal dilation hurt?

Sedation or anesthesia is commonly used, so many people do not feel the procedure. A sore throat or mild chest discomfort may occur afterward. Severe or increasing pain needs urgent assessment.

How many times will I need dilation?

Some strictures improve after one procedure. Others need several gradual dilations or later treatment if the narrowing returns. This depends on the stricture's length, tightness, cause, and response to treatment.

Can I eat normally after treatment?

Many people return to a broader diet once swallowing improves. Follow any short-term instructions about liquids or soft foods, chew carefully, and report renewed food sticking.

What should I do if food gets stuck?

Stop eating. Do not force down more food or drink. If the food does not pass promptly, seek urgent care. Call emergency services if you cannot swallow saliva, are choking, or have trouble breathing.

Sources

- Sami SS, Haboubi HN, Ang Y, and colleagues. "UK guidelines on oesophageal dilatation in clinical practice." Gut . 2018;67(6):1000-1023.
- ASGE Standards of Practice Committee; Pasha SF, Acosta RD, Chandrasekhara V, and colleagues. "The role of endoscopy in the evaluation and management of dysphagia." Gastrointestinal Endoscopy . 2014;79(2):191-201.
- Katz PO, Dunbar KB, Schnoll-Sussman FH, Greer KB, Yadlapati R, and Spechler SJ. "ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease." The American Journal of Gastroenterology . 2022;117(1):27-56.
- Dellon ES, Liacouras CA, Molina-Infante J, and colleagues. "Updated international consensus diagnostic criteria for eosinophilic esophagitis: Proceedings of the AGREE Conference." Gastroenterology . 2018;155(4):1022-1033.e10.
- ASGE Standards of Practice Committee; Ikenberry SO, Jue TL, Anderson MA, and colleagues. "Management of ingested foreign bodies and food impactions." Gastrointestinal Endoscopy . 2011;73(6):1085-1091.
- National Institute of Diabetes and Digestive and Kidney Diseases. "Acid Reflux (GER and GERD) in Adults." U.S. Department of Health and Human Services.