

Non-invasive management of gastrostomy granulomas in children using table salt: Outcomes from a retrospective review

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Gastrostomy-related granulation tissue is a frequent complication in children receiving long-term enteral feeding. This study aimed to evaluate the therapeutic effectiveness of table salt as a simple, low-cost treatment for the management of peristomal granulomas in children. A retrospective review was conducted on 52 pediatric patients who received table salt application for gastrostomy granulomas from the clinic database. One session was defined as the application of table salt for 1 hour. The length of the granulation tissue was measured as the largest vertical diameter using a sterile ruler. Of the 52 patients, 25 (48.1%) were male and 27 (51.9%) were female. The mean age was 5.8 years. All patients achieved complete resolution of granulomas by salt application without requiring any surgical interventions. The number of sessions ranged from 1 to 5, with a median of 3 and an interquartile range (IQR) of 2–3. A statistically significant association was observed between initial granulation size and number of sessions required (Kruskal–Wallis $H = 41.53$, $p < 0.001$), with larger lesions needing more sessions. For example, 78% of patients with 3 mm lesions required ≥ 4 sessions. Tube size (16G, 18G, 20G) did not significantly affect treatment duration (Kruskal–Wallis $H = 0.587$, $p = 0.746$). Table salt is an effective, safe, and low-cost treatment for gastrostomy-related granulation tissue in pediatric patients. Given its accessibility and minimal side effects, salt therapy can be recommended as a first-line option, particularly in resource-limited settings.

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