




CASE REPORT

Conservative Management for an Esophageal Perforation: A Case Report

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Abstract

A 30 year old man attended the emergency department with a 4 hour history chest pain that radiated into his back. There were no other symptoms. On examination he had a pulse of 110 per minute, blood pressure 142/72 mm Hg, SaO₂ 97% on air and temperature 37.5°C. There were no cardiovascular or abdominal signs. There was no surgical emphysema in the supraclavicular fossae.

Keywords: There were no other symptoms

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1 | CASE PRESENTATION

A 30 year old man attended the emergency department with a 4 hour history chest pain that radiated into his back. There were no other symptoms. On examination he had a pulse of 110 per minute, blood pressure 142/72 mm Hg, SaO₂ 97% on air and temperature 37.5°C. There were no cardiovascular or abdominal signs. There was no surgical

emphysema in the supraclavicular fossae. On examination of the chest breath sounds were equal bilaterally for the upper lung fields.

On Chest X-ray there was no evidence of pneumomediastinum or subcutaneous emphysema. he had a raised white cell count ($16.3 \times 10^3/\text{ml}$ with a neutrophilia) and an increased C reactive protein concentration (46 mg/l). The ECG was normal. By this time, the pain was pleuritic and gradually be-

come unbearable. Accordingly, he was given analgesia and high dose intravenous antibiotics. The patient underwent a complementary evaluation with contrast enhanced computed tomography revealing a right-sided, distal esophageal rupture, with the coexistence of thoracic collection (figure 1). The patient was treated conservatively with intravenous cefuroxime, ampicillin, and metronidazole to cover the oral bacterial flora. A radiologic tube was immediately placed in close proximity to the rupture site for collection

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drainage and the patient was transferred to our surgical unit promptly. . Fever decreased rapidly to approximately 38°C and subsided after 2 days. The patient's condition improved and 1 week later there was no leak demonstrated by contrast radiography. He recuperated uneventfully and was discharged home 8 days later.

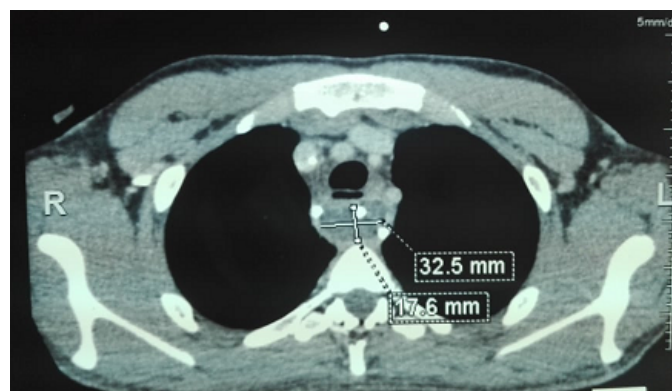


FIGURE 1: Collection regarding esophageal perforation.

The present report demonstrates that a minimal invasive treatment approach of radiologic irrigation and drainage is a justified and safe method for esophageal perforations. Even in cases of old esophageal perforations, conservative management achieves an excellent outcome. Additional a self-expandable metal stent insertion might be advisable.

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Ethical approval:

Written informed consent was obtained from the patient for the publication of this case report and its accompanying images.

Conflict of interest:

No conflict of interest to declare.

2 | REFERENCES

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