A 57-year-old man who underwent total gastrectomy for gastric adenocarcinoma presented with fever and elevated inflammatory markers on postoperative day 2. Computed tomography (CT) scan and esophagogastroduodenoscopy (EGD) were unremarkable. The patient developed an evisceration and intra-abdominal infected collection, which was managed with a new surgical intervention and antibiotic treatment. He was discharged on postoperative day 33. However, 1 week later he was admitted with persistent fever and dyspnea. CT scan confirmed a left subphrenic collection. EGD with fluoroscopic guidance (after contrast extravasation, ▶Fig. 1) revealed a 3-mm leak located 3 mm away from the anastomosis (▶Fig. 2a), with abundant purulent drainage (▶Fig. 2b). Endoscopic closure with an over-the-scope clip (OTSC) was successful (▶Fig. 3, ▶Video 1) and the patient was discharged 7 days later. At the 3-month follow-up, he was asymptomatic.

Postsurgical leaks are an important complication with significant morbidity and mortality. Conservative and surgical management of this complication are also associated with high morbidity and mortality. Several endoscopic treatments, such as stents, OTSC/clips, suturing devices, tissue sealants, and endoluminal vacuum therapy, have shown efficacy and a favorable safety profile [1, 2]. Management of postoperative esophagojejunal anastomotic leakage after total gastrectomy represents a very challenging event [3, 4]. In this case, OTSC application was effective, with no early or late complications.

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Competing interests

The authors declare that they have no conflict of interest.

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▶Fig. 1 Fluoroscopic view. Contrast extravasation at the esophagojejunal anastomosis.

▶Fig. 2 Endoscopic view. a Identification of a 3-mm leak, 3-mm away from the esophagojejunal anastomosis. b Abundant purulent drainage from the anastomotic leak.

▶Fig. 3 An over-the-scope clip was deployed for leak closure.
References


