Emergency endoscopic negative pressure therapy of a long oesophageal perforation in eosinophilic esophagitis with a single-lumen nasogastric tube-like open-pore film drain

After a bolus event with recurrent hema-
temesis, a 46-year-old patient com-
plained of severe thoracic pain. Compu-
ed tomography revealed extensive para-
esophageal mediastinal emphysema over

the entire length of the esophagus (▶ Fig. 1, ▶ Video 1).

During endoscopy with CO₂-inflation, an
8-cm transmural distal perforation (from
31–39 cm) was found with gaping wound
edges. An extraluminal wound cavity
could not be passed. Within 6 hours after
the perforation event, immediately after
the endoscopic diagnosis, intraluminal
endoscopic negative pressure therapy
was established with continuous negative
pressure of −125 mmHg (ACTIV.A.C., KCI
USA Inc., San Antonio, Texas, USA) [1, 2].

For the initial emergency treatment, we
used a single-lumen open-pore film drain
with a 25-cm drainage element (Supra-
sorb CNP drainage film; Lohmann & Ra-
scher, Rengsdorf, Germany) (▶ Fig. 2).

The long drainage element covered the
perforation defect completely [3].

The single-lumen open-pore film drain is
like a nasogastric tube (NGT), but with
the additional benefit that suction can
be applied. The thin diameter of 6 mm
allows transnasal insertion.

After 36 hours, the drain was replaced
with a single-lumen open-pore polyure-
thane foam drain with a 15-cm drainage
element (▶ Fig. 2) [1, 2, 4]. The perfora-
tion defect had already been taped and
was still present as a broad ulceration
(▶ Fig. 3).

After a total of 4 days, intraluminal endo-
scopic negative pressure therapy ended
with stable wound conditions (▶ Fig. 4,
▶ Video 1). The patient was discharged...
9 days after the perforation. The defect healed completely with a small scar without stenosis (▶Fig. 5). Endoscopically, an esophageal trachealization was noticeable. The biopsy verified eosinophilic esophagitis. Therapy was initiated according to the guidelines.

For the initial emergency therapy of an esophageal perforation, the very easy-to-use single-lumen open-pore film drain nasogastric tube was suitable. Intraluminal negative pressure application resulted in an immediate stop of extraluminal contamination. The esophagus was decompressed, the lumen collapsed, and secretions were drained. It is essential to check the inner wound and change the drain at regular intervals [1, 4,5].

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Competing interests

Gunnar Loske is consultant of Lohmann & Rauscher GmbH & Co. KG. Ernst Scharsack and Olaf Gobrecht declare no conflict of interest.

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