Surgical repair with esophageal exclusion is a life-saving surgery for patients with mediastinitis following mid-esophageal perforation [1]. This is followed by either spontaneous recanalization of the organ or subsequent surgery to restore lumen patency [2].

We present the case of a patient who underwent endoscopic restoration of the esophageal lumen after unsuccessful spontaneous recanalization following esophageal exclusion. A 41-year-old man, with known achalasia, underwent pneumatic endoscopic dilation at another center, resulting in a 6 cm longitudinal laceration of the lateral esophageal wall. The patient developed mediastinitis and was treated by surgical repair of the laceration and esophageal exclusion with proximal staple line division.

At 4 months post-surgery, the patient continued to experience dysphagia with a liquid diet. Postoperative esophagrams revealed poor contrast passage across the staple lines. The patient was referred to our unit for endoscopic recanalization (▶Video 1). Endoscopically, we found a moderate stenosis (caliber 6 mm) at the staple line site (▶Fig. 1).

Initially, we placed a guidewire in the stapled lumen and performed dilation with Savary–Gilliard bougies up to 9 mm. Then, we extensively incised the fibrosis between the residual lumen and the stapled lumen using an L-type dissector (Finemedix, Daegu, Korea) (▶Fig. 2). Finally protruding staple sutures were removed by cold forceps. As a result, a well-patent esophageal lumen, traversable with a standard gastroscope (caliber 9.8 mm), was achieved (▶Fig. 3). No leaks were detected on the intraprocedural esophagogram.

On the first postoperative day, an X-ray with contrast medium showed smooth contrast passage throughout the esophagus. The patient was discharged after resuming a soft diet. At the 3-month follow-up, he reported having no dysphagia. To the best of our knowledge, this is the first report of endoscopic recanalization after surgical esophageal exclusion and describes a potential treatment option for similar complex cases.

Endoscopy_UCTN_Code_TTT_1AO_2AH

Conflict of Interest

S. Danese has served as a speaker, consultant, and advisory board member for Schering-Plough, AbbVie, Actelion, Alfa Wassermann, AstraZeneca, Cellerix, Cosmo Pharmaceuticals, Ferring, Genentech, Grunenthal, Johnson and Johnson, Millennium Takeda, MSD, Nikkiso Europe GmbH, Novo Nordisk, Nycomed, Pfizer, Pharmacosmos, UCB Pharma, and Vifor. F. Azzolini, E. Fasulo, F. V. Mandarino, and A. Barchi declare that they have no conflict of interest.
The authors

Francesco Azzolini¹, Ernesto Fusulo¹, Francesco Vito Mandarino¹,², Alberto Barci¹, Silvio Danese¹,²
1 Department of Gastroenterology and Gastrointestinal Endoscopy, IRCCS Ospedale San Raffaele, Milan, Italy
2 Vita-Salute San Raffaele University, Milan, Italy

Corresponding author

Francesco Vito Mandarino, MD
Department of Gastroenterology and Gastrointestinal Endoscopy, IRCCS Ospedale San Raffaele, Via Olgettina 60, 20136 Milan, Italy
mandarino.francesco@hsr.it

References


Bibliography

Endoscopy 2024; 56: E276–E277
DOI 10.1055/a-2239-3237
ISSN 0013-726X
© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (https://creativecommons.org/licenses/by/4.0/)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

E-Videos is an open access online section of the journal Endoscopy, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. Endoscopy E-Videos qualify for HINARI discounts and waivers; eligibility is automatically checked during the submission process.

We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: https://www.research4life.org/access/eligibility/).

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos