Acute variceal bleeding is a life-threatening event. Endoscopic band ligation is currently the recommended treatment [1]; however, in the case of reduced variceal volume, injection therapy with polidocanol or Histoacryl may be more appropriate. If both endoscopic options fail, placement of a Sengstaken–Blakemore tube should be considered [2], although other endoscopic therapies can be used [3].

A 54-year-old man with a known history of compensated alcoholic cirrhosis presented in the emergency room with acute hematemesis. The vital signs were stable and laboratory workup showed mild anemia and thrombocytopenia. Upper endoscopy revealed a peptic esophagitis with confluent ulceration and a spurting varix. The use of an esophageal balloon. For traction maintenance, a 500-ml bag of saline was used, as was regular practice. However, after 10 minutes part of the tube suddenly became exteriorized (Fig. 1). As the video demonstrates (Video 1) the extremity with the deflated balloon, because of spontaneous transection 3 cm proximally to the balloon insertion, was still in place. It was decided to remove the tube with a snare. On revision there was no active bleeding, hence no treatment was carried out.

The use of a Sengstaken–Blakemore tube is increasingly rare, mostly because of the high incidence of complications, such as aspiration pneumonia, airway obstruction, pressure necrosis of the mucosa, esophageal rupture, and cardiac infow obstruction [4–6]. To our knowledge this is the first video showing the extraction of a Sengstaken–Blakemore tube that had transected probably because of a manufacturing defect. To prevent this situation a careful assessment of the tube must be made before placement. Besides the very successful resolution using a standard endoscopic extraction procedure, we emphasize the rarity of the video images of this unusual situation.

Competing interests: None

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