Sengstaken–Blakemore tube: an unusual complication

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 and laboratory workup showed mild anemia and thrombocytopenia. Upper endoscopy revealed a peptic esophagitis with confluent ulceration and a spurting variceal hemorrhage. After injection of 10 ml of 1% polidocanol, that did not control the bleeding, a Sengstaken–Blakemore tube was inserted. Besides the very high incidence of complications, such as aspiration pneumonia, airway obstruction, pressure necrosis of the mucosa, esophageal rupture, and cardiac inflow 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.

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 inflow 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.

Endoscopy_UCTN_Code_CPL_1AH_2AC

Competing interests: None

References

1 Villanueva C, Piqueras M, Arciel C et al. A randomized controlled trial comparing ligation and sclerotherapy as emergency endoscopic treatment added to somatostatin in acute variceal bleeding. J Hepatol 2006; 45: 560–567
3 Holster IL, Kuipers EJ, van Baaren HR et al. Self-expandable metal stents as definitive treatment for esophageal variceal bleeding. Endoscopy 2013; 45: 485–488

Bibliography

DOI http://dx.doi.org/10.1055/s-0033-1358924
Endoscopy 2013; 45: E434
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Bruno M. Gonçalves, MD
Serviço de Gastroenterologia
Hospital de Braga
Sete Fontes – São Victor
4710-243 Braga
Portugal
Fax: +351-25-3027999
brunommgoncalves@gmail.com

Video 1

Extraction of a transected Sengstaken–Blakemore tube. A deflated tube was still in place and it was removed with a snare.

Bruno M. Gonçalves1, Ana C. Caetano1,2,3, Dália Fernandes1, Armanda Cruz2, Pedro Bastos1, Carla Rolanda1,2,3

1 Department of Gastroenterology, Hospital Braga, Portugal
2 Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal
3 ICVS/3B’s – PT Government Associate Laboratory, Braga/Guimarães, Portugal

Gonçalves Bruno M et al. Sengstaken–Blakemore tube: an unusual complication... Endoscopy 2013; 45: E434