Sequential endoscopic drainage and clip closure of an intrathoracic esophagogastric anastomotic dehiscence

A 69-year-old man underwent an upper gastrointestinal endoscopy, which revealed a large submucosal lesion in the distal esophagus with normal overlying mucosa. Endoscopic ultrasound (EUS) showed a hypoechoic lesion measuring 80×40×30mm in the submucosa (Fig. 1). A subtotal esophagectomy was performed. Histopathological examination of the resected tissue revealed a duplication cyst.

The patient developed sepsis 3 weeks after surgery. A computed tomography (CT) scan revealed evidence of dehiscence of the esophagogastric anastomosis with a large mediastinal collection (Fig. 2). A third upper gastrointestinal endoscopy was performed and after removing the OTSC, we applied argon plasma coagulation (APC) and three through-the-scope clips, which effectively sealed the fistula. Resolution of the mediastinal abscess as well as the fistula was confirmed on further thoracic CT scan and Gastrografin swallow (Fig. 4).

This case highlights the potentially useful role of endoscopic drainage and clipping devices in the management of a rare but serious adverse event of esophageal surgery.

Competing interests: None

Endoscopy_UCTN_Code_TTT_1AO_2AI

Fig. 1 Endoscopic ultrasound (EUS) view of the hypoechoic lesion in the submucosa of the distal esophagus.

Fig. 2 Thoracic computed tomography (CT) scan showing a posterior mediastinal collection (arrow).

Fig. 3 Endoscopic views showing: a the esophagogastric anastomosis with an 8-mm long dehiscence; b two double-pigtail plastic stents passing through the fistula orifice to drain the mediastinal collection; c the application of argon plasma coagulation at the fistula orifice.

Fig. 4 Gastrografin swallow after placement of a metal clip confirming that the fistula orifice had been successfully closed.
Samuel Costa\textsuperscript{1}, Carlos Ferreira\textsuperscript{1}, Rui Esteves\textsuperscript{2}, Patrícia Lages\textsuperscript{2}, Paulo Costa\textsuperscript{2}, Luís Ribeiro\textsuperscript{1}, José Velosa\textsuperscript{1}

\textsuperscript{1}Department of Gastroenterology and Hepatology, Hospital de Santa Maria, Lisbon, Portugal
\textsuperscript{2}Department of Surgery 1, Hospital de Santa Maria, Lisbon, Portugal

\textbf{Bibliography}

\textbf{DOI} http://dx.doi.org/10.1055/s-0034-1377352


\textsuperscript{©} Georg Thieme Verlag KG Stuttgart - New York

ISSN 0013-726X

\textbf{Corresponding author}

Samuel Costa, MD

Hospital de Santa Maria

Avenida Professor Egas Moniz

1649-035 Lisboa

Portugal

samuelcosta@hotmail.com