A 62-year-old man presented with a 2-month history of cholestatic jaundice. Abdominal computed tomography revealed a heterogeneous tumor in the hepatic hilum, with dilated biliary tracts. Endoscopic retrograde cholangiopancreatography (ERCP) was performed. Following papillotomy, a partially covered metal stent was inserted for bile drainage (Fig. 1). On withdrawal of the duodenoscope, bloody material was observed along the entire length of the esophagus. A forward-viewing gastroscope was used and revealed a 10-cm longitudinal tear with a submucosal tunnel in the middle-third of the esophagus (Fig. 2). A total of 28 endoclips were used to seal the laceration (Fig. 3). A chest radiograph revealed no pneumomediastinum (Fig. 4). The patient was treated with broad-spectrum antibiotics and parenteral nutrition. Repeat endoscopy 23 days later showed complete healing of the laceration, with ridge formation along the esophagus (Fig. 5). The patient had an unremarkable recovery.
Endoscopic clip closure has been advocated for esophageal perforations, with satisfactory results [5]. The current case highlights the potential risks of esophageal laceration during ERCP. The clip closure technique is effective and safe in treating esophageal submucosal lacerations.

Competing interests: None

References

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