

Management of Esophageal Perforation after Foreign Body Removal from the Esophagus via Rigid Esophagoscopy

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ABSTRACT

Herein, we present the case of a 45-years-old woman with a foreign body (dental prosthesis) ingestion lodged in the esophagus(Figure.1). The foreign body was extracted by rigid esophagoscopy after severe manipulation. In 24 hours, the patient became febrile with emphysema in the neck. laboratory data showed leukocytosis and CT scan revealed signs of esophageal perforation(Figure.2). Surgical exploration and drainage of the neck and mediastinum performed through a collar incision in the neck extended to the anterior of SCM in both sides, but we didn't perform feeding jejunostomy. We inserted one corrugated drain in every side of the neck(Figure.3).Patient was NPO for two weeks and brief total parenteral nutrition (TPN) provided her calory.Finally,we succeeded to fistulized the perforation to the skin and control the mediastinitis(Figure.4).Patient regained oral feeding gradually after two weeks NPO. The follow-up esophagogram revealed the passage of the contrast to the distal esophagus with no leak and fistula.Early recognition of perforation could interrupt major operation to control catastrophic complication.

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Figure 1. Image of the foreign body (dental prosthesis)



Figure 2. CT scan of the patient (mediastinal emphysema due to esophageal perforation)



Figure 3. Intraoperative view of the neck and mediastinal drainage



Figure 4. Barium esophagogram of the patient one week after drainage of the neck and mediastinum

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