ACH-13.10 TRAUMATIC ESOPHAGEAL PERFORATION AFTER MEAT-BOLUS INGESTION: A CASE OF SUCCESSFUL MANAGEMENT BASED ON THE PITTSBURGH PERFORATION SEVERITY SCORE.

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BACKGROUND: Esophageal perforation is a severe clinical condition still associated with high mortality and morbidity. Ingested foreign bodies are responsible for 9 – 35% of all esophageal perforations. Recently, based on multi-centric retrospective data, we proposed a decisional tree for the management of esophageal perforations based on the Pittsburgh Perforation Severity Score (PSS). We now report a case of a traumatic esophageal perforation which was successfully treated applying this decisional tree.

CASE REPORT: A 36 years old autistic male patient was admitted to a peripheral hospital with acute chest pain after meat bolus ingestion. He underwent an esophadogastroduodenoscopy (EGD), which showed a complete obstruction of the esophagus. Immediately after partial removal of the foreign body, the patient suffered a sudden fall of the oxygen blood saturation with concomitant supraclavicular and parasternal emphysema. He was intubated and was referred to our surgical centre. At admission, the patient was placed on our Intensive Care Station (ICS) in a stable condition. Despite no sign of pleural effusion, Bilateral chest-tubes were placed, preventively. At this point, PSS was calculated at 5 points. According to the PSS decisional tree the patient underwent a second esophagogastroduodenoscopy. After fully removing the foreign body two separate perforations were detected and treated with a 10 cm fully covered metallic stent in accordance to the decision tree. On the next day, the stent was repositioned, a subsequent CT-scan showed no signs of leakage. An antibiotic therapy was administered for 6 days. On day 3 the patient was extubated. After 7 days, oral food intake was permitted. On day 9 the patient was transferred to the normal ward and was discharged from the hospital on day 15.

CONCLUSION(S): Traumatic esophageal perforation is a life-threatening condition which needs a rapid interdisciplinary approach to be effectively managed. In this case, the decision tree based on the PSS showed a good clinical applicability as decision making tool for managing esophageal perforations.