

Endoscopic Stent Graft Repair in Potentially Fatal Boerhaeve's Syndrome

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AIM:- To recognise the importance of timely intervention in saving lives from fatal Boerhaeve's Syndrome.

METHODS

A 52 years male with background of alcohol and heroin abuse, was referred to AMU with breathlessness and right sided chest pain. On examination he was unkempt, hypotensive with BP 90/60 and slightly hypoxic. Chest x-ray showed right basal consolidation with possible parapneumonic effusion and small right apical pneumothorax. He was treated as Pneumonia with the antibiotics.

Patient rapidly deteriorated in next 12 hours, with hemodynamic compromise and worsening hypoxia with chest examination eliciting complete lack of air entry on right side.

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RESULTS

Repeat chest x-ray showed huge hydro-pneumothorax warranting urgent intervention.

We decided to insert intercostal tube under ultrasound guidance. Surprisingly the thoracentesis revealed gastric contents in the pleural cavity. Patient's clinical condition significantly improved following drainage of 2 litres of pleural fluid.

CT scan (Fig. 1, 2 & 3) of chest later showed oesophageal rupture which was confirmed with endoscopy and diagnosis of Boerhaeve's Syndrome was made.

Multidisciplinary team comprising of surgeons and gastroenterologist decided to treat the patient with minimally invasive oesophageal stent graft repair with conservative medical management.

Patient successfully survived and discharged home after prolonged hospital stay.

CONCLUSION

Boerhave's syndrome is a life-threatening condition that demands early diagnosis and urgent management. Without surgical intervention, it is virtually incompatible with life.

Contrary to the majority of literature this patient's survival showed that acute physician's diagnostic acumen is vital & Boerhave's syndrome can be successfully managed with early intervention, i.e. thoracocentesis which can prevent incompatible with life complication of chemical mediastinitis.



Fig.1 Chest X-Ray shows right basal collapse and consolidation with a small right pneumothorax.

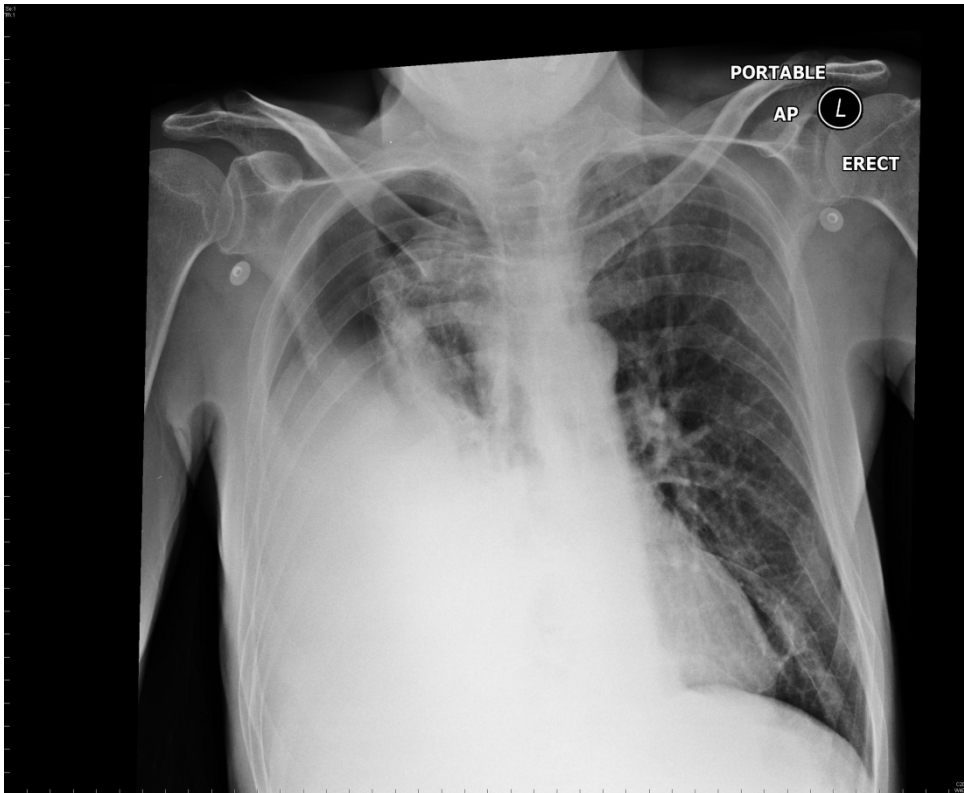


Fig. 2 Chest x-ray showing large right hydropneumothorax with right lung collapse.

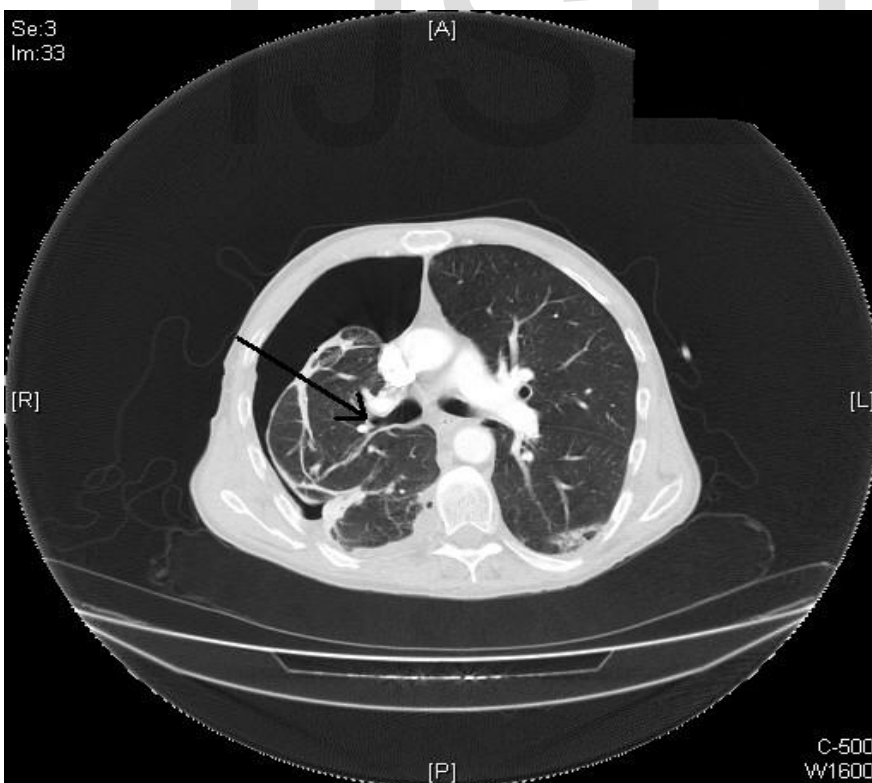


Fig.3 CT scan showing free air extending from around the oesophagus and a significant right pneumothorax.

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