

Boerhaave-Syndrome: a case report

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Introduction:

The Boerhaave-Syndrome is defined as a rare spontaneous perforation of the esophagus. We report the case of a patient with an esophageal rupture and endoscopic management.

Case report

A 75-year old man was transferred from a peripheral hospital to our surgical department with the diagnosis of esophageal rupture. A CT thorax scan was performed and because of pneumomediastinum, esophageal rupture was suspected. Therefore the patient was admitted to our intensive care unit and intubated. A gastroscopy was performed. A rupture of the esophagus was detected in the lower third of the esophagus after some ingesta was removed. An esophageal stent was placed temporarily. On the next day a follow up CT scan was performed and the pneumomediastinum was present but no extravasation was detected. On the same day we decided to remove the esophageal stent and we placed an extraluminal endovac into the perforation cavity after removal of all visible ingesta. Continuous suction pressure of 75mmHg was administered. The intervals between the endovac changes were kept short (2 to 3 days). The last gastroscopy was performed 20 days after the perforation with good granulation of the esophageal wall.

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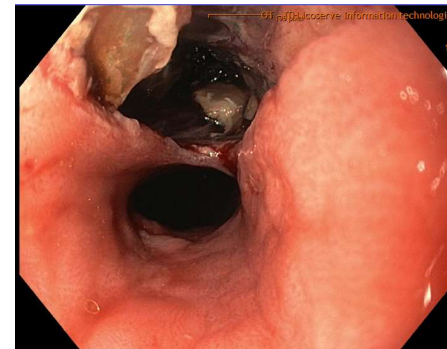
EIN UNTERNEHMEN DER VINZENZ GRUPPE
UND DER ELISABETHINEN

Discussion

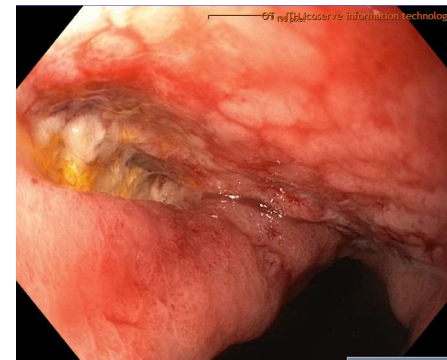
The rupture of the esophagus is a life threatening condition associated with high mortality and morbidity. In case of Boerhaave – Syndrom the mortality rate is up to 67% [1]. Mediastinitis is the main complication [2]. Multiple trials suggest that an endovac -therapy is a useful treatment in Boerhaave-Syndrom [3, 4, 5]. According to our opinion, endovac-treatment should be performed upfront. If ingesta is present in the left thoracic cavity, additional video assisted thoracoscopy and removal of all visible ingesta and thoracic drainage is mandatory. If not available 24/7, stenting can be considered as bridging measure. In retrospective trials the outcome of stent and endovac therapy were compared. Results of endovac therapy were superior [6, 7].

The first diagnostic procedures should be CT scan and gastroscopy. Multidisciplinary with advanced endoscopic, surgical and intensive care skills is decisive. A regular endoscopic examination with change of the endosponge after placing is necessary. The endoscopic treatment is able to replace an operation in selected patients.

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Oesophageal rupture



after 3 weeks of endovac therapy

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