Perforation of oesophagojejunal anastomosis by oesophagojejunal tube

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- Men, age 78
- 3rd pod after total gastrectomy with precolic reconstruction for gastric cancer (T2N2MxR0) in another institution.
  - Mechanically ventilated
  - Septic Shock
  - Purulent drainage from right hemithorax
  - Blue drainage from RAUQ after “methylene blue” swallow.
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- Re-laparotomy with median frenotomy (Pinotti):
- Oesophagojejunal and cardiophrenic pleural sinus perforation by oesophagojejunal tube
- Right pleural empiema, mediastinitis and peritonites
- Primary closure of the perforation, washing and drainage
- Delayed abdominal closure (DAC)
- ICU
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- 5th pod: abdominal and mediastinal revision
  - no evidence of fistula
  - fibrin glue and collagen placed around
  - DAC / ICU

- 8th pod: anastomotic leak: insertion of a T-tube (Kher)
  - DAC / ICU

- 10th pod: descendent feeding jejunostomy
  - abdominal closure / ICU

- 14th pod: subphrenic abcess
  - surgical drainage
  - ICU
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- 32th pod: intestinal sub-occlusion
- drainage jejunostomy
- ICU

- 41th pod: right pleural drainage
- oesophagoscopy
- T tube removed
- expansible silicon covered esophageal prosthesis
- ICU
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- 62\textsuperscript{th} pod: - discharged from ICU
- 77\textsuperscript{th} pod: - patient discharged
- 99\textsuperscript{th} pod: - baritated swallow control: no evidence of fistulae
  - endoscopical removal of the prosthesis, which was dislocated distally
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This case highlights the importance of the damage control philosophy in difficult emergency surgery situations