

Perforation of oesophagojejunal anastomosis by oesophagojejunal tube

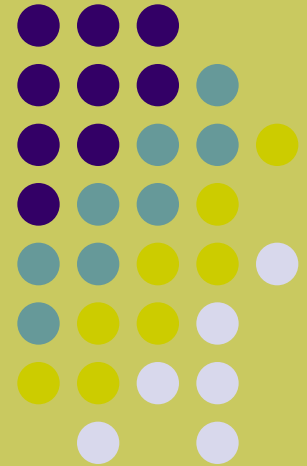


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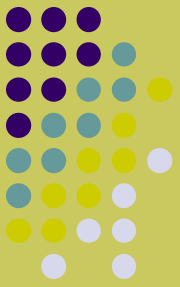
Session: Disaster & Military Surgery, Emergency Surgery

PT018





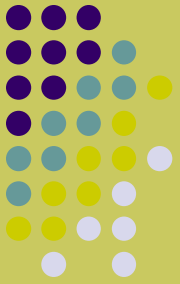
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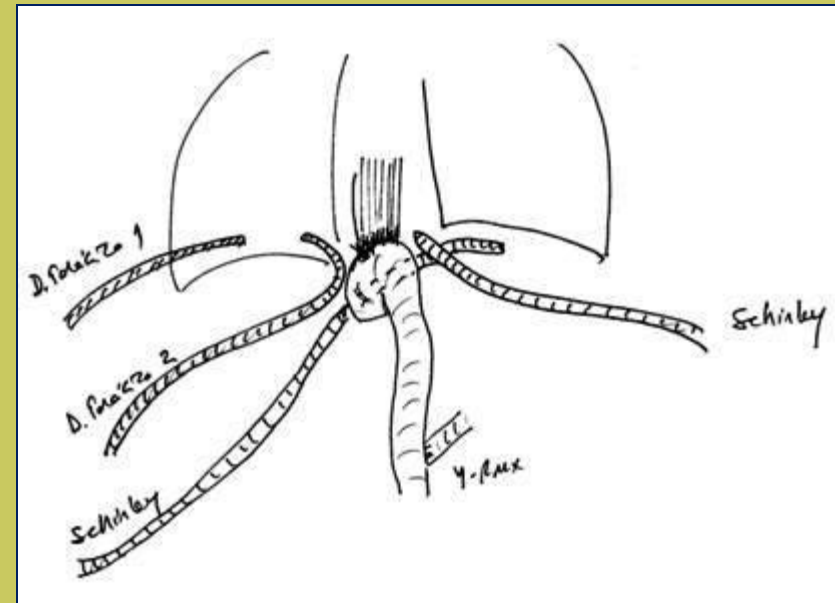
- **Men, age 78**
- **3rd pod after total gastrectomy with precolic reconstruction for gastric cancer (T2N2MxR0) in another institution.**
 - ✦ **Mechanically ventilated**
 - ✦ **Septic Shock**
 - ✦ **Purulent drainage from right hemithorax**
 - ✦ **Blue drainage from RAUQ after “methylene blue” swallow.**



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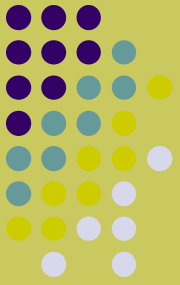


- Re-laparotomy with median frenotomy (Pinotti):
- Oesophagojejunal and cardiophrenic pleural sinus perforation by oesophagojejunal tube
- Right pleural empiema, mediastinitis and peritonites
- Primary closure of the perforation, washing and drainage
- Delayed abdominal closure (DAC)
- ICU

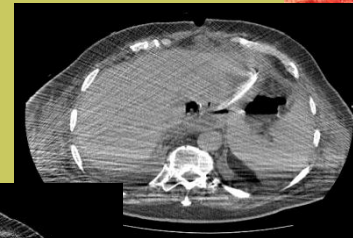
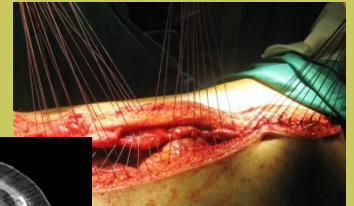




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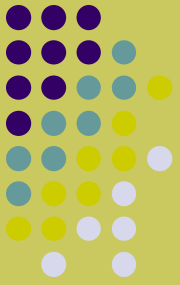


- **5th pod:**
 - abdominal and mediastinal revision
 - no evidence of fistula
 - fibrin glue and collagen placed around
 - DAC / ICU
- **8th pod:**
 - anastomotic leak: insertion of a T-tube (Kher)
 - DAC / ICU
- **10th pod:**
 - descendent feeding jejunostomy
 - abdominal closure / ICU
- **14th pod:**
 - subphrenic abcess
 - surgical drainage
 - ICU

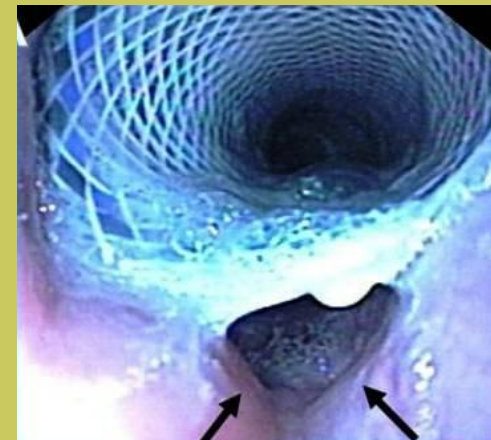




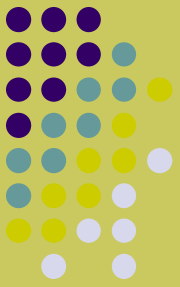
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- **32th pod:**
 - intestinal sub-occlusion
 - drainage jejunostomy
 - ICU
- **41th pod:**
 - right pleural drainage
 - oesophagoscopy
 - T tube removed
 - expansible silicon covered esophageal prosthesis
 - ICU



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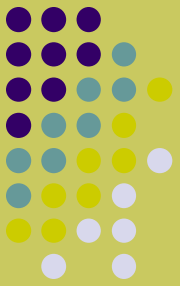


- 62th pod: - discharged from ICU
- 77th pod: - patient discharged
- 99th pod: - baritated swallow control: no evidence of fistulae
- endoscopical removal of the prosthesis, wich was dislocated distaly





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**This case highlights the importance of the
damage control philosophy in difficult
emergency surgery situations**