

Bleeding control, the right treatment for the wrong disease

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- JGJ, male, 48 yo
- known pré-existing **chronic hepatic disease with EG varices**
- ruptured proximal descending **aortic aneurysm**
- **emergency stent graft placement**
- **ICU**



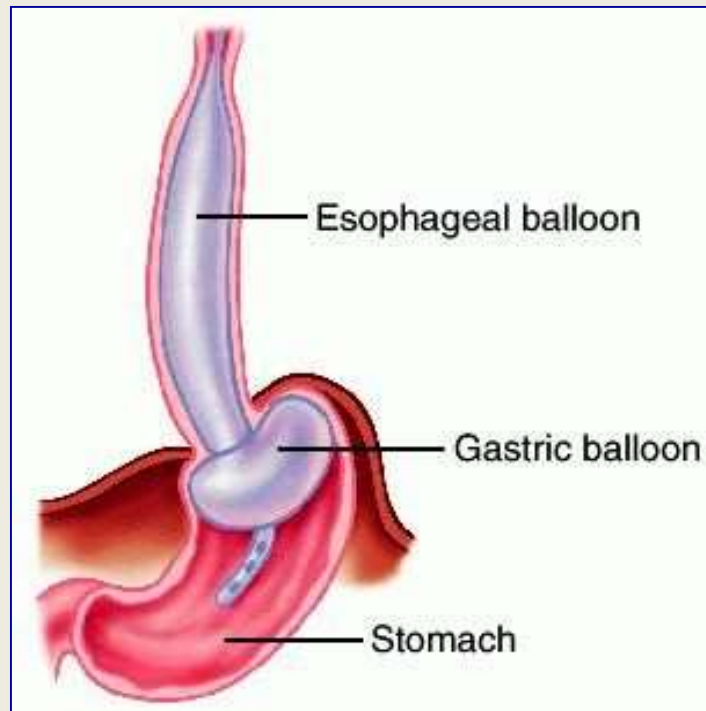
- few hours later, **massive hematemesis**

- **immediate treatment:**

- **endotracheal intubation**

- **fluids**

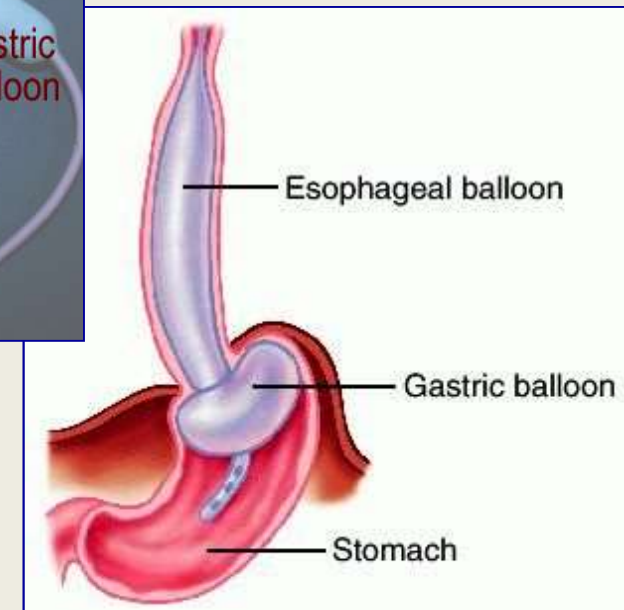
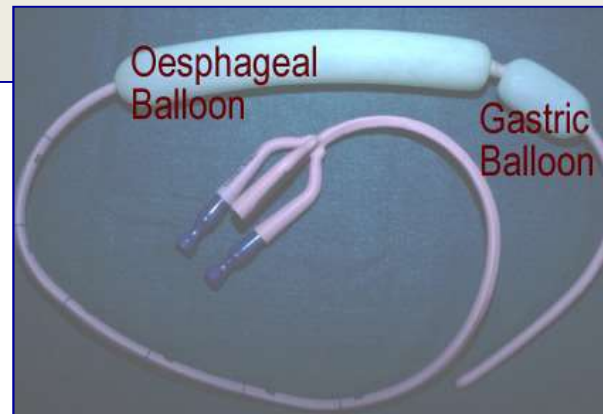
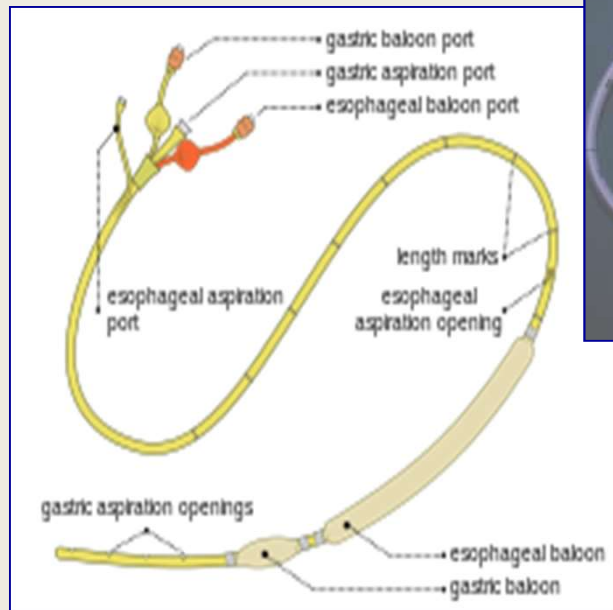
- **hemorrhage control with a Sengstaken-Blakemore tube**



The Sengstaken-Blakemore tube

(modern version, Minnesota tube)

- rarely used at present
- flexible plastic tube containing internal channels and two inflatable balloons
 - an opening at the stomach
 - an opening at the upper esophagus



- **endoscopic control**, next day, showed the origin of the bleeding was not the varices but an

AORTOESOPHEGEAL FISTULA (AEF)

related with the ruptured aneurysm and stent graft placement



AORTOESOPHAGEAL FISTULA (AEF)

- relatively rare but life-threatening cause of upper GI bleeding and massive exsanguination
- primary / secondary
 - majority secondary and related with aortic reconstructive procedures
- transient self limited

“herald bleed” may precede exsanguination

Hollander JE, Quick G. *Aortoesophageal fistula: a comprehensive review of the literature*. Am J Med. 1991 Sep;91(3):279-87

Isasti G, Gómez-Doblas JJ, Olalla E. *Aortoesophageal fistula: an uncommon complication after stent-graft repair of an aortic thoracic aneurysm*. Interact Cardiovasc Thorac Surg. 2009 Oct;9(4):683-4

- Unusual life-saving use of the Sengstaken-Blakemore tube
 - preventing fatal exsanguination from an AEF
- Sengstaken-Blakemore tube used far less commonly where endoscopic intervention is available
- Rare but devastating consequences
 - esophageal and gastric ulceration and perforation
 - acute airway obstruction
 - bronchoesophageal fistula

Seet E, Beevee S, Cheng A, Lim E. *The Sengstaken-Blakemore tube: uses and abuses*. Singapore Med J. 2008. Aug;49(8):e195-7

Conclusion

Sengstaken-Blakemore tube can be life-saving as a first procedure in AEF, apart the potential complications of its use

