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10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection



TREATMENT OF ESOPHAGEAL PERFORATION WITH PRIMARY CLOSURE SINGLE UNIT IN OUR HOSPITAL

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Aim of study: Four patients with iatrogenic and non iatrogenic esophageal perforation following rigid esophagoscopy for foreign body removal were successfully treated with primary repair using PDS 3.0 interrupted sutures and mediastinal treatment in other one case.

Material and Methods: We are analyzing four cases treated in our department thoracic surgery for period of time 2020-2023. The patients were initially presented to three different hospitals for emergency treatment. Two patients are presented to emergency department of the central University hospital "Mother Teresa". They presented with dyspnoea and mixed chest pain. The situation occurred after eating chicken meat. Contrast and barium examination of the digestive tract, it was noticed that at the level of the lower esophageal sphincter there is a chicken bone presence which has ruptured the dexter lateral wall of the esophagus and exit of the radiopaque substance in the mediastinum. In one patient, the foreign body was removed (chicken bone) from the esophagus but the esophagus was ruptured. While a 47-year-old female patient came to the emergency department of the University Trauma Hospital in Tirana. Foreign body, chicken bone in the lower part of the esophagus. She came from a district hospital with pain in epigastrium and retrosternal region, difficulty in swallowing, dyspnea and dry cough. Patient 4, a 56-year-old male, presented to the emergency department of the "Shefqet Ndroqi" University Hospital with severe retrosternal dysphagia pain after eating chicken meat. The esophagus resituated with the presence of a foreign body in the distal 1/3 of the esophagus.

Results: Of the four patients, 2 were male and 2 female patients. Average age 45 years+ 3 years. # patients were treated with surgery. Dexter posterolateral thoracotomy, mobilization of the esophagus at the level of rupture from the foreign body (chicken bone) in 2 cases and in one patient due to iatrogenic with fibrogastroscopy during the removal of the foreign body, the esophagus is lacerated. A primary suture is made with PDS 3.0 of the lacerated area, length 1.5-2.5 cm and reinforcement with mediastinal pleura and pleuromediastinal drainage. In one patient, the foreign body was removed with fibrogastroscope and the miniperforation was treated

medically with nasogastric tube and kept under supervision. We must say that in 2 patients, several attempts were made to remove the foreign body in the distal part with a fibrogastroscope, but it was not successful. In the other 2 patients, the removal of the foreign body was successful, but with rupture of the esophagus during the procedure. The average length of stay in the hospital is 2-3 weeks. One patient had pleural and mediastinal empyema and was successfully treated medically. One patient underwent medical treatment for pneumonia and periferal TEP .

In conclusion: We reporte the efficacy of the primary repair of an esophageal perforation is a good way for treatment and reduce patient recovery time.

Keywords: Esophageal perforation, Treatment, Closure

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