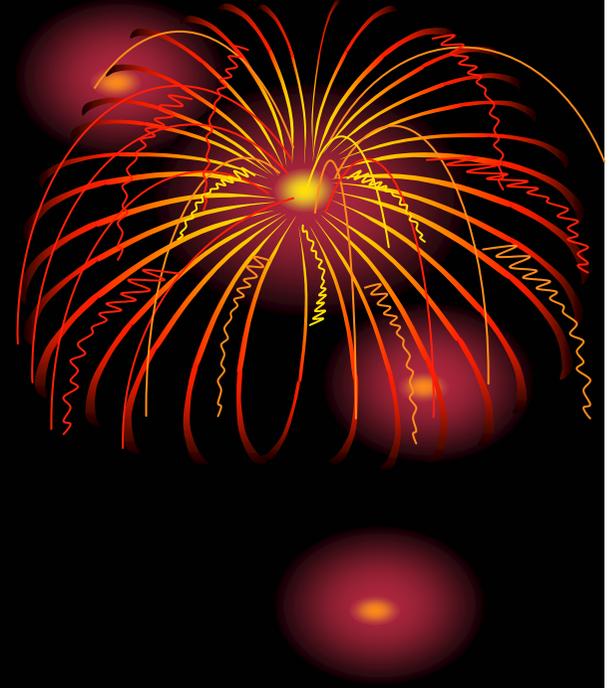


History



- **Name:** 陳X妹
- **Age:** 62
- **Sex:** female
- **Date of admission:**94/9/30

Chief Complaint



- **Sore throat, with back pain and high fever for days**

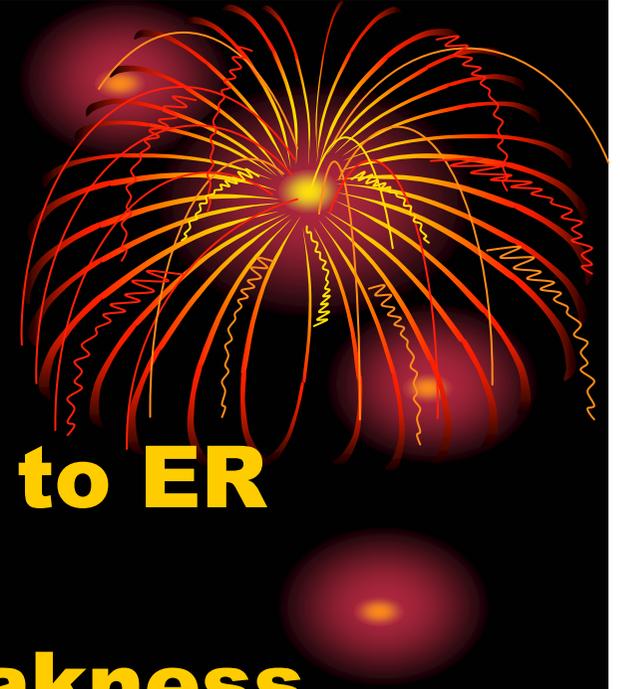
Present Illness



- **62-y/o woman, with no major underlying disease, developed severe sore throat.**
- **ENT doctor diagnosed epiglottitis,r/o hypopharynx abscess**
- **antibiotics was administered and she got improved**
- **She was discharged home on 9/30.**

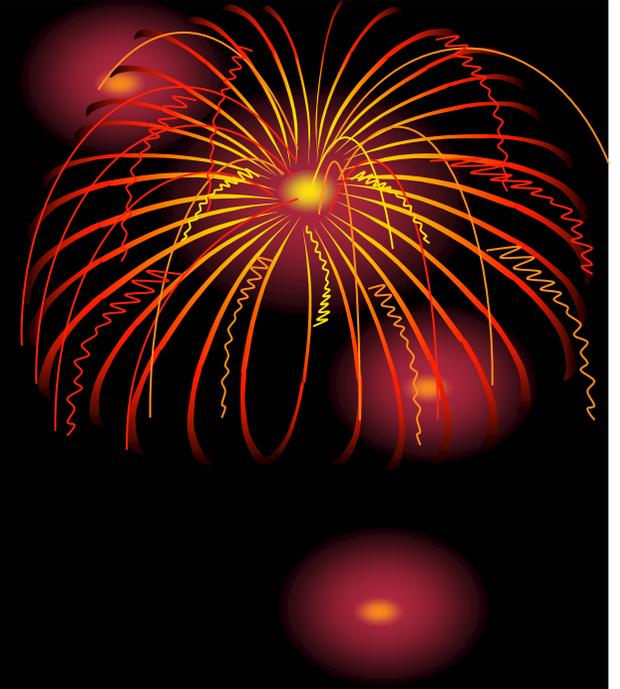
Present Illness

- **However, she returned to ER within hours with high fever ,dyspnea and weakness.**
- **She was admitted under the impression of deep neck infection**



Past history

- **No medical history**
- **No surgical history**

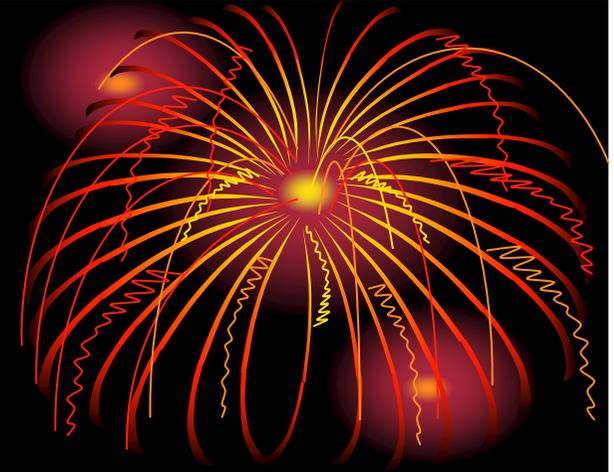


Physical examination



- **Breathing sound :**
right side decreased, coarse (+)
at right side
- **Fever**
- **Swelling epiglottis**
- **Knocking pain (+)**

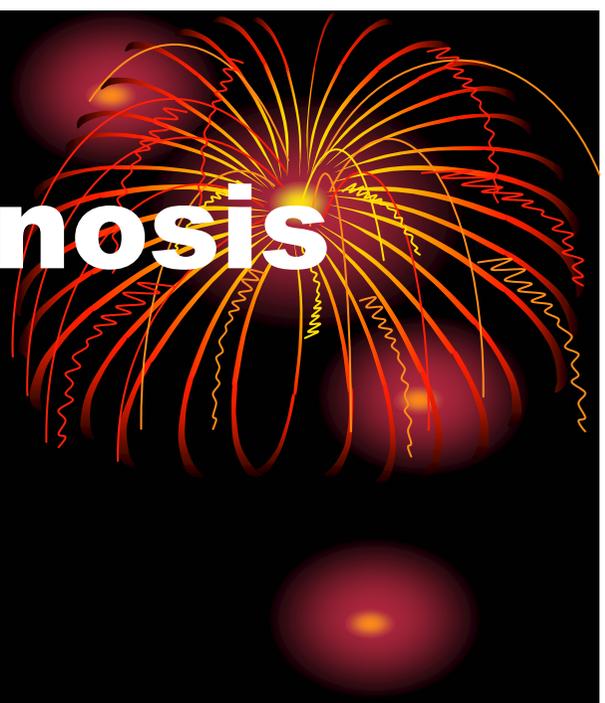
Lab



CBC	
WBC x10.e3/uL	18.9
Hb g/dl	12.3
sugar	215
CRP	19.7
albumin	2.2

U/A	
OB	2+
Protein	1+
WBC	8--16
RBC	1--3

Differential Diagnosis



- **Myocardial infarction**
- **Aortic dissection**
- **Spontaneous pneumothorax**
- **Esophageal perforation**

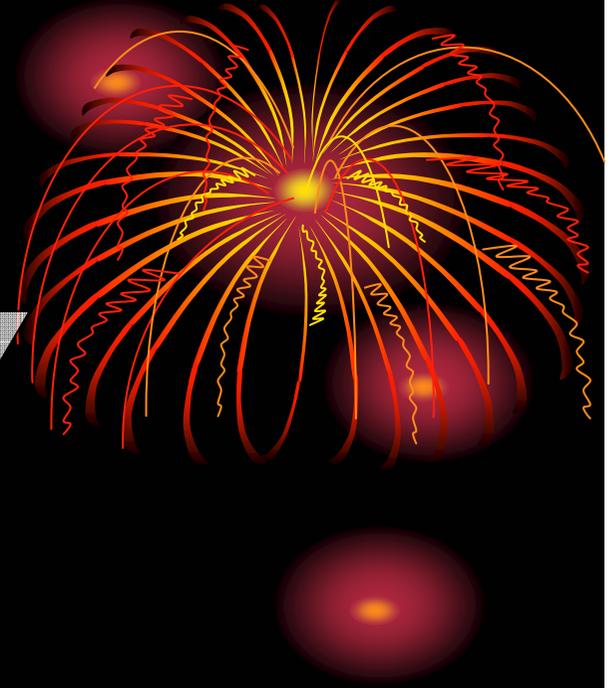
Myocardial Infarction

- **Arrange 12-Lead EKG**
- **Check cardiac enzyme**



Aortic dissection

- **CXR**
- **Angiography**
- **CT**



Spontaneous pneumothorax

- **Clinical symptoms**
- **Physical examination**
- **CXR**
- **CT**



CXR

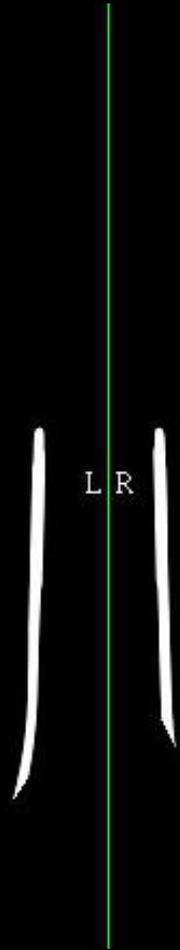
- **09/23**



Neck film



Neck CT



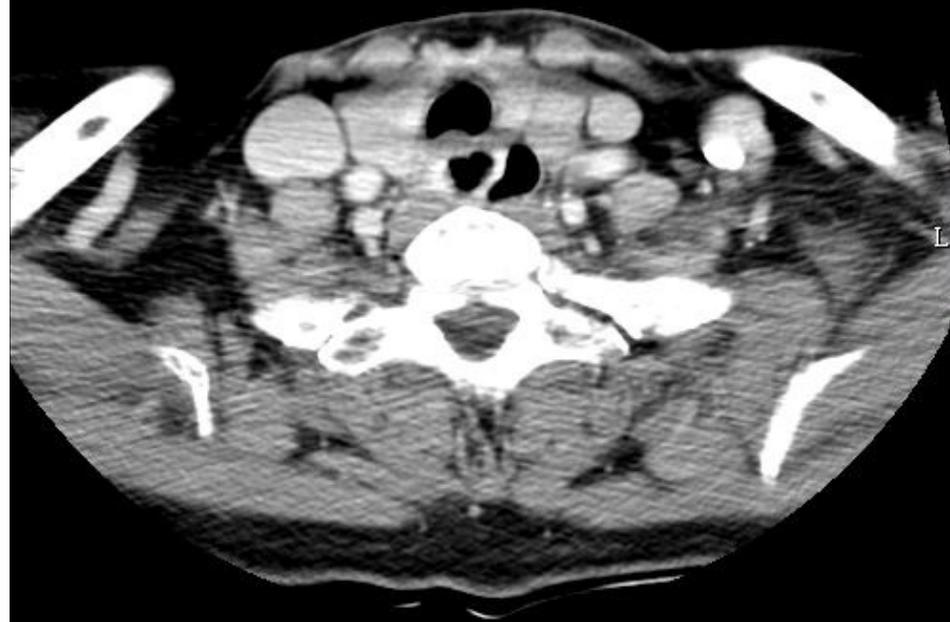
Neck CT



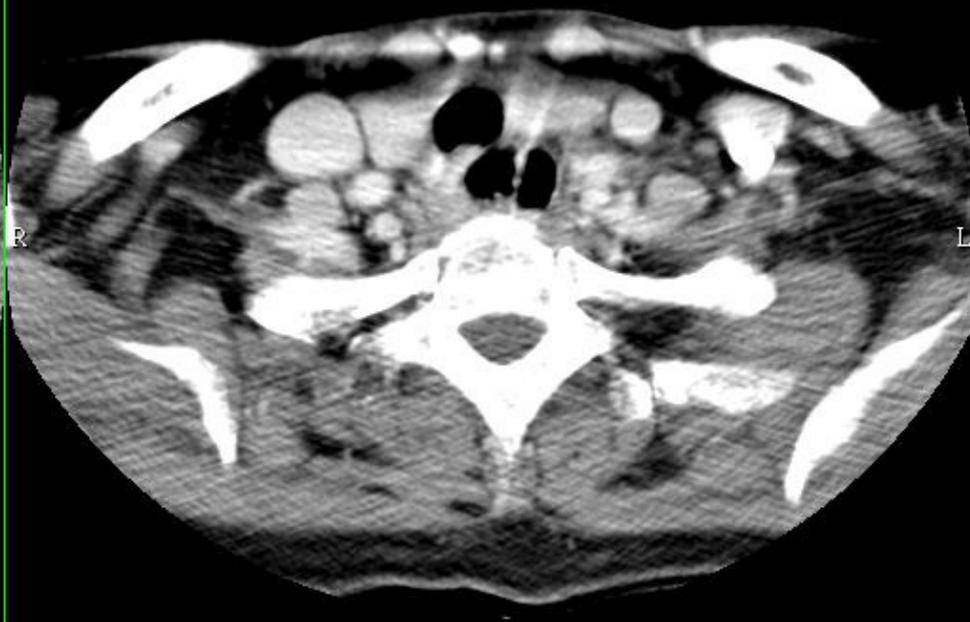
L R



Neck CT



L R



L

CXR

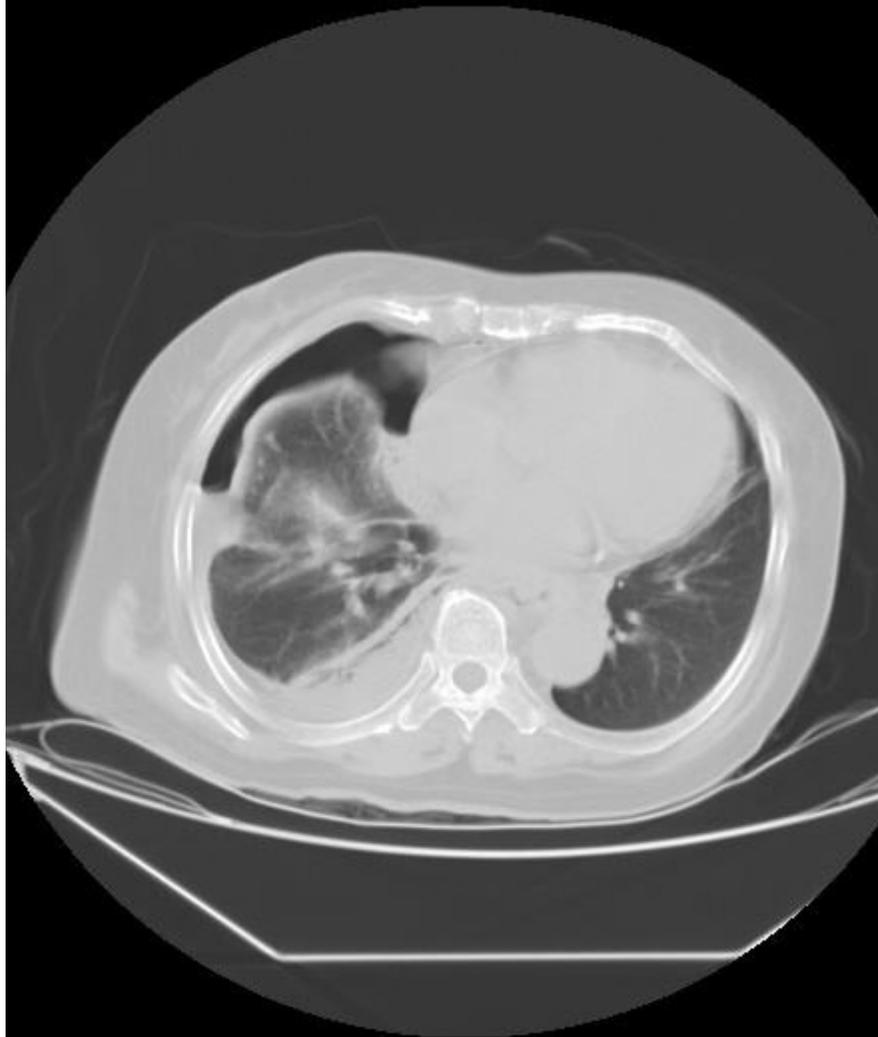
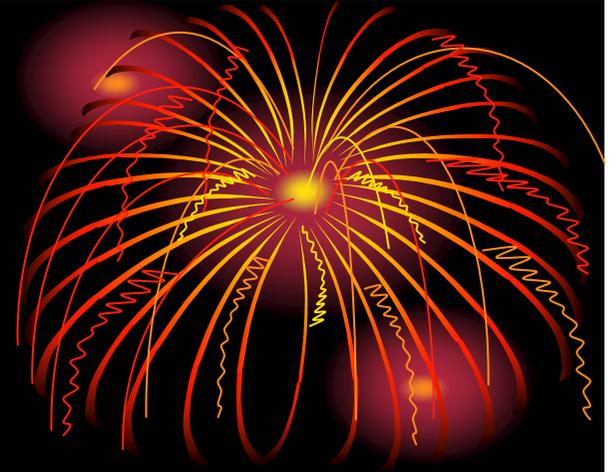
• 9/30

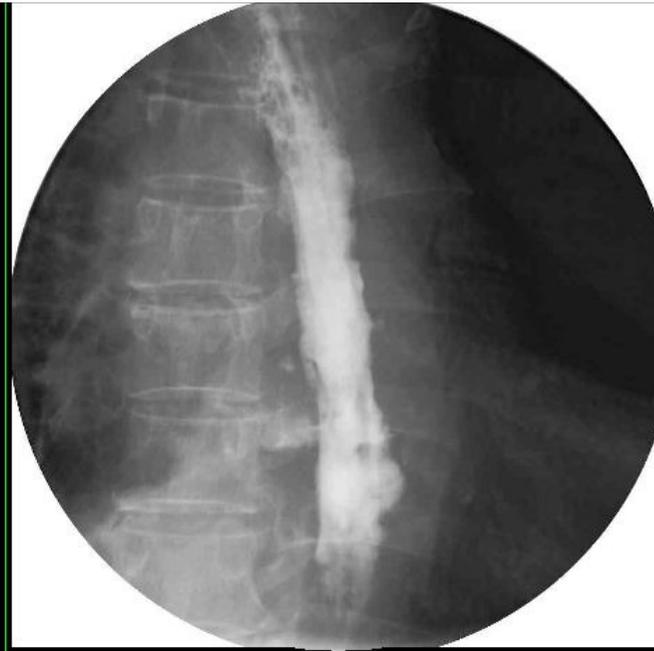


R
PORTABLE



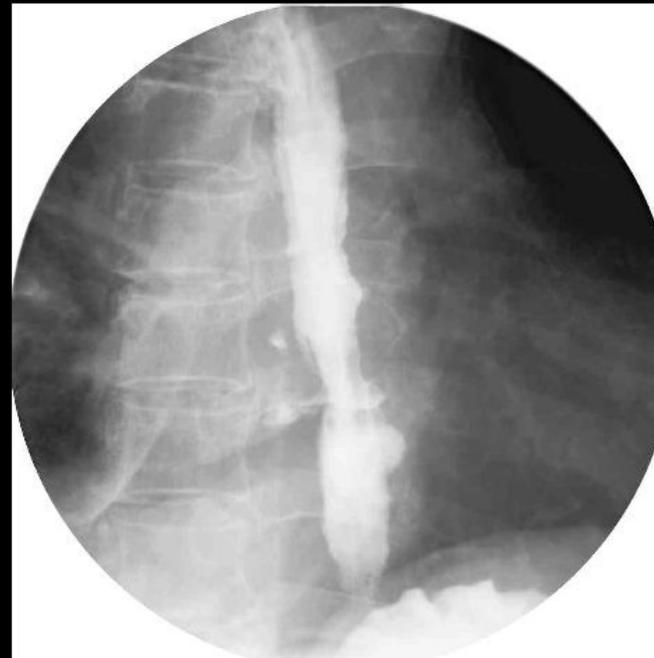
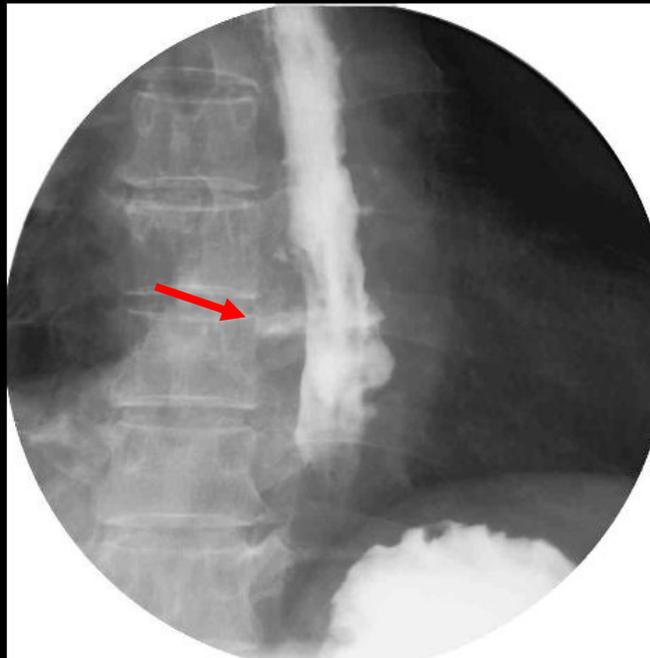
Chest CT 10/3





TMUH

TM



Impression

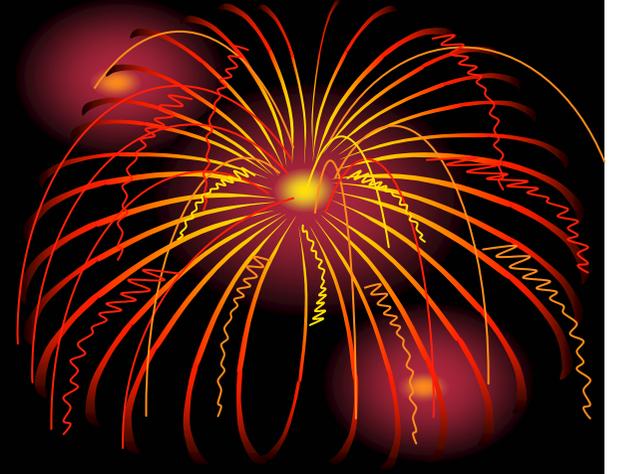
- **Esophageal perforation**



Impression

- **Esophageal perforation**

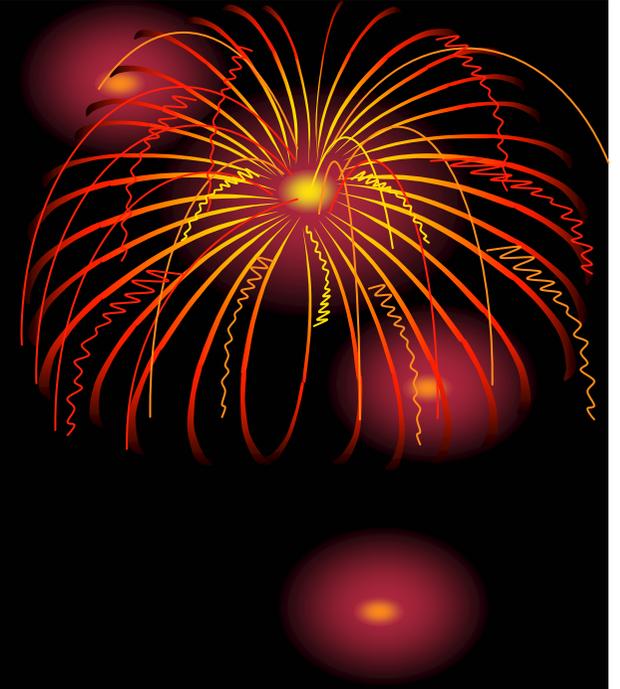




Esophageal Perforation

etiology

- **Intraluminal causes**
- **Extraluminal causes**



Intraluminal causes



- **Instrumental injuries (75% of all)**
 - **Common site: normal anatomic sites of narrowing**
- **Foreign bodies**
- **Ingested caustic substances**
- **Cancer of the esophagus**
- **barotrauma**

Extraluminal causes

- **Penetrating injuries**
- **Blunt trauma**
- **Operative injury**



Clinical presentation



- **Pain**
- **Dysagia**
- **Fever**
- **Tachycardia**
- **Respiratory distress**
- **Shock**
- **Vomiting**
- **hematemesis**
- **mediastinal crunch**

Clinical presentation



□ Cervical perforation :

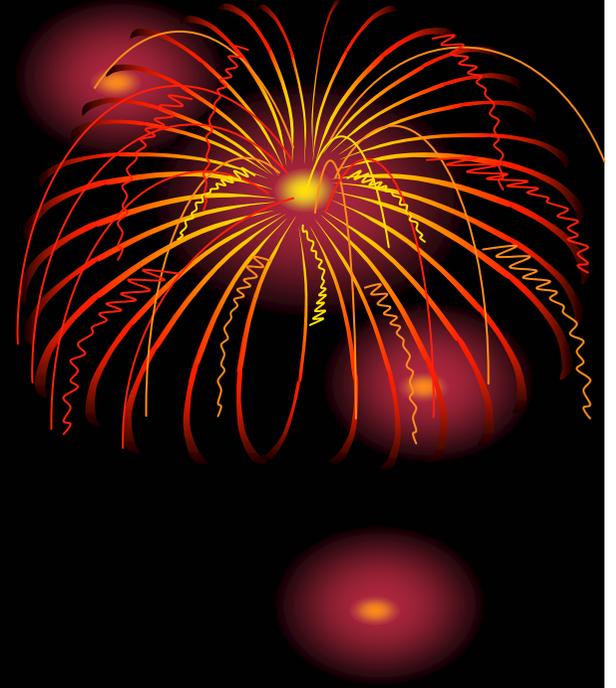
- neck stiffness
- Subcutaneous emphysema

□ Intrathoracic perforation :

- Chest pain
- Subcutaneous emphysema
- Dyspnea
- Plerual effusion

Lab

- **Leukocytosis**



Image

- Chest radiographs
- contrast esophagogram
- Noncontrast CT

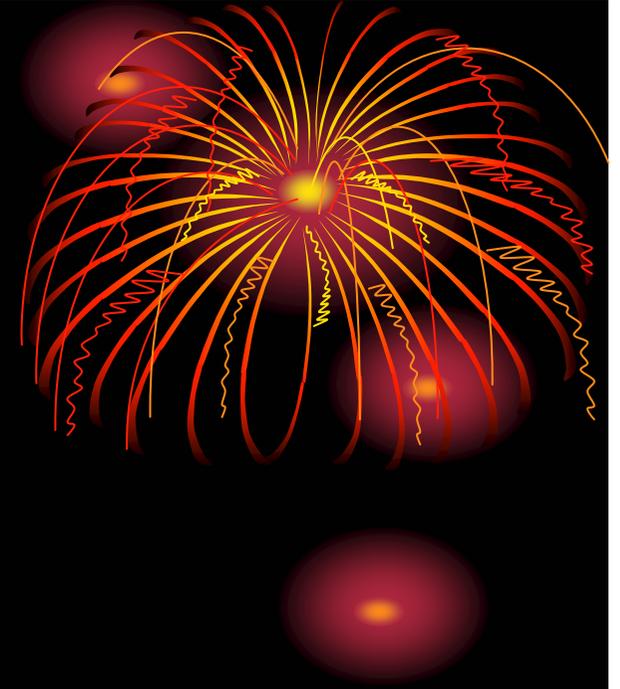
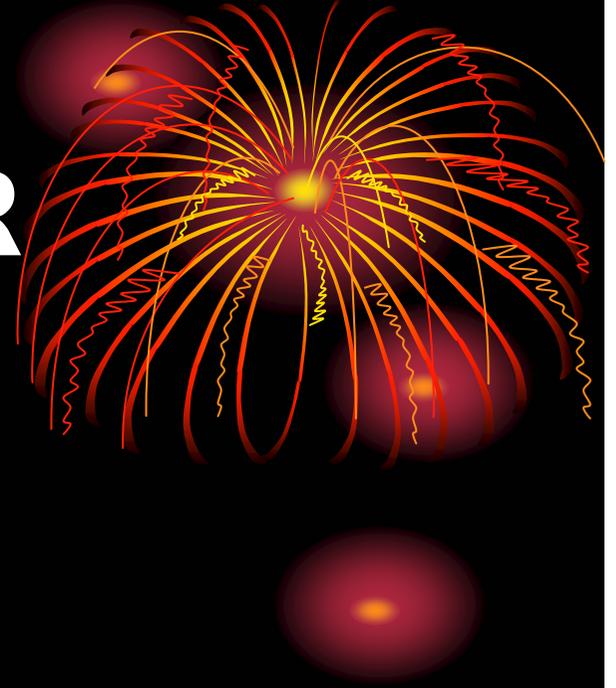


Image--CXR



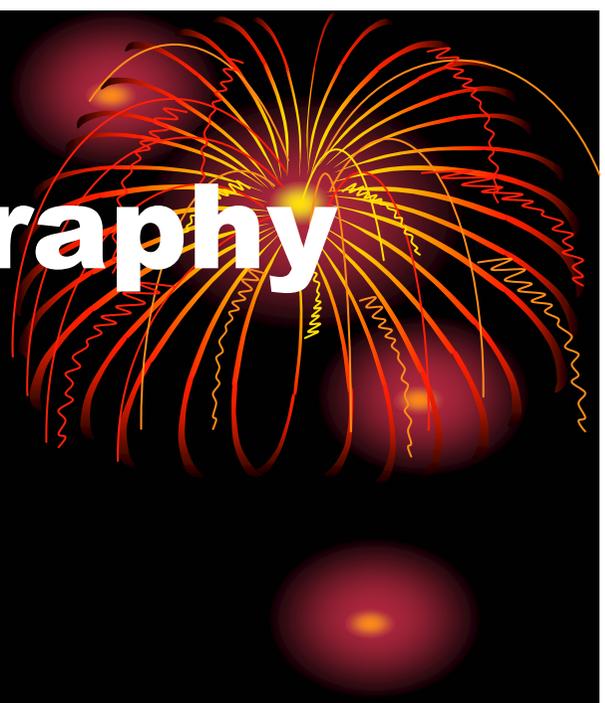
- **Pneumomediastinum**
- **Pleural effusion**
- **Pneumothorax**
- **Atelectasis**
- **Soft tissue emphysema**

Image-CT

- **Mediastinal air and fluid**



Image-esophagography



- **10% false-negative**

Principle of Treatment



- **Adequate drainage of the leak**
- **Intravenous antibiotics**
- **Adequate fluid resuscitation**
- **Adequate nutrition**

Management



- **Relief of any distal obstruction**
- **Diversion of enteric contents past the leak**
- **Restoration of GI integrity**

Definitive management

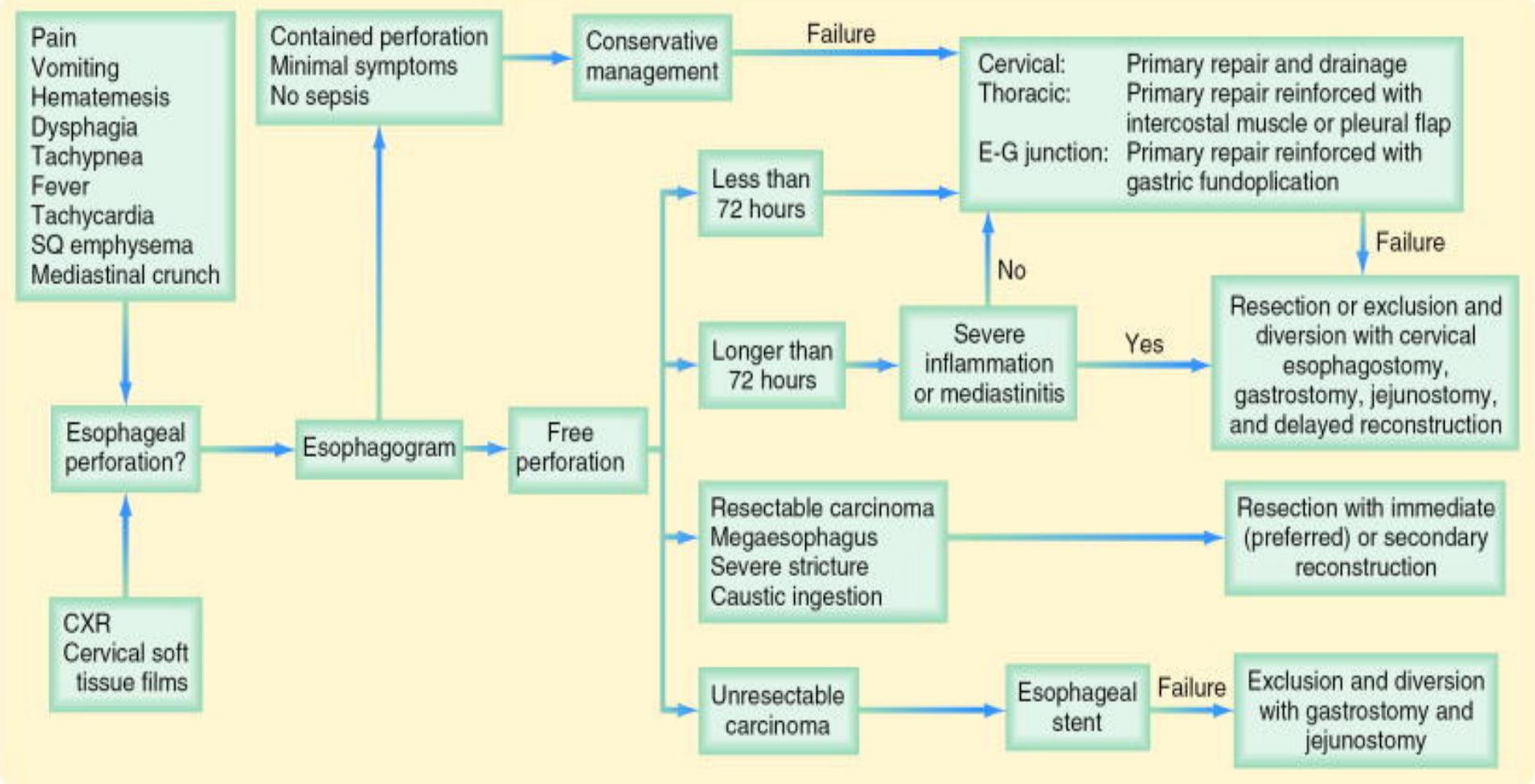
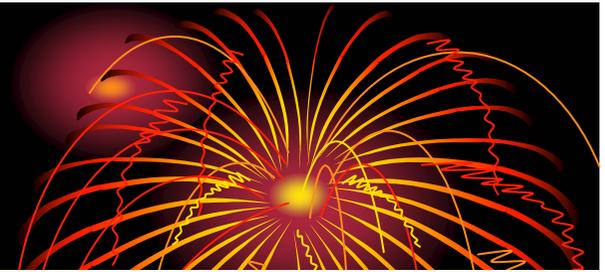


- **Cervical and upper thoracic perforations :**
 - **Cervical drainage alone +/- esophageal repair**
- **Abdominal esophageal perforations:**
 - **Prevent peritonitis**

Definitive management



- **Thoracic perforations:**
 - **Primary closure**
 - **Buttressed with healthy tissue**
 - **Mediastinal drainage**
- **Perforations with intrinsic esophageal disease:**
 - **surgically correct the associated esophageal disease**



Prognosis



- **With early operation, 80%-90% survival rate**
- **After 24 hours, less than 50%**
- **Prognosis for iatrogenic perforations is better than for spontaneous perforations**