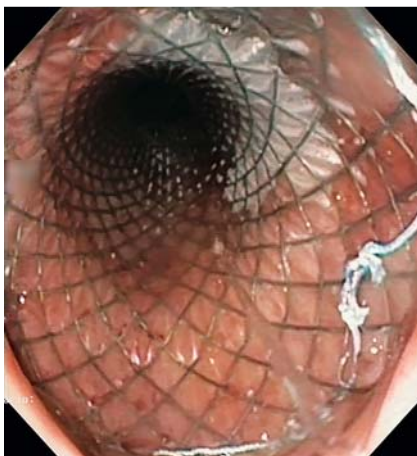


Pharyngoesophageal perforation during introduction of an echoendoscope treated with a fully covered self-expandable metal stent



▶ **Video 1** Iatrogenic pharyngoesophageal perforation treated with a fully covered self-expandable metal stent and orotracheal intubation.



▶ **Fig. 1** A fully covered self-expandable metal stent was placed at the site of the pharyngoesophageal perforation.

A 69-year-old woman with a history of renal transplantation was investigated for biliary duct dilation. She was receiving treatment with prednisone and tacrolimus.

Echoendoscopy was performed with a radial scope (Olympus GF-UE160) with the patient under conscious sedation.

During introduction of the endoscope, perforation was observed in the pharyngoesophageal area. The decision was made to place a fully covered self-expandable metal stent (23×12 mm; Wallflex, Boston Scientific), completely covering the defect in the oropharynx (▶ **Fig. 1**). The patient was intubated first to avoid the discomfort caused by the stent, and was then moved to the resuscitation unit. The stent was removed 5 days later with apparent resolution of the perforation. Computed tomography (CT) and a barium esophagogram confirmed resolution of the defect (▶ **Fig. 2**; ▶ **Fig. 3**). A small fluid collection at the mediastinum without air bubbles, shown on CT (▶ **Fig. 2**), was treated conservatively with antibiotics (▶ **Video 1**). The patient recovered completely with no symptoms of dysphagia.

Iatrogenic oropharyngeal perforation is a rare complication of echoendoscopy, occurring in 0.03% of explorations [1, 2]. The rate is probably higher with echoendoscopes and duodenoscopes because of their rigidity and lateral or oblique viewing. In the oropharynx, it is not possi-



▶ **Fig. 2** A barium esophagogram showed no perforation after stent retrieval.



▶ **Fig. 3** Computed tomography showed a small collection at the mediastinum, with no air bubbles.


ble to close a perforation with either normal or over-the-scope clips. Other cases have been published in which resolution of the defect in 3 days was reported [3, 4], but because our patient was being treated with prednisone, we preferred to delay removal of the stent.

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Competing interests

The authors declare that they have no conflict of interest.

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