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

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-
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.

The authors
Ignacio Couto-Worner1, Germán Charquero-Martínez2, José Souto-Ruzo1, Emilio Estévez-Prieto1, Benito González-Conde1, Pedro Alonso-Aguirre1
1 Complexo Hospitalario Universitario de A Coruña, A Coruña, Spain
2 Hospital Pasteur, Montevideo, Uruguay

Corresponding author
Ignacio Couto-Worner, MD
CHU A Coruña. As Xubias, 84. 15006, A Coruña, Spain
Ignacio.couto.worner@sergas.es

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