Modified endoscopic vacuum therapy for hypopharyngeal acute leakage after foreign body perforation

Conventional endoscopic vacuum therapy is currently used worldwide to treat esophageal leaks, with a healing rate of 67%–100% [1,2]. The vacuum effect works through its effect on important mechanisms such as micro and macro deformation, tissue reperfusion, exudate control, and bacterial clearance [3]. Modified endoscopic vacuum therapy (MEVT) has some benefits when compared with the conventional technique, such as lower costs, less adherence, the requirement for fewer exchanges, and a shorter procedural duration [2]. In addition, it can be easily performed [4]. Although there were no reported cases of the use of hypopharyngeal vacuum therapy, we report a hypopharyngeal leak that was successfully treated with MEVT, leading to a new possibility when faced with hypopharyngeal defects.

A 42-year-old man came to the emergency room with progressive dysphagia 24 hours after eating food that included a piece of bone. A computed tomography (CT) scan detected a foreign body measuring 3.2 × 1.1 cm at the hypopharynx. Orotracheal intubation by bronchoscopy was indicated. Subsequently, the patient underwent endoscopic foreign body removal (▶ Fig. 1); on reviewing the mucosa, we noted signs of perforation (▶ Fig. 2). Therefore, MEVT was performed (▶ Fig. 3; ▶ Video 1). The patient remained intubated for 5 days, during which time he received MEVT, antibiotics, and corticosteroids. After this period, a new bronchoscopy was performed, which demonstrated improvement of the edema of the hypopharynx, and the patient was extubated.

The patient progressively improved in terms of his clinical and laboratory parameters. He was evaluated by the otorhinolaryngology team after 8 days and a swallowing video-endoscopy was performed. This evaluation visualized...
complete velopharyngeal closure, the presence of salivary stasis, and preserved mobility, so his diet was upgraded to an oral homogeneous intake with a paste-like consistency. Endoscopic re-evaluation after 1 month demonstrated a white scar, with no signs of stenosis or other complications (Fig. 4). Outpatient follow-up demonstrated good tolerance of a regular diet, and the patient did not report any complaints.

References


The authors declare that they have no conflict of interest.