Successful endoscopic treatment of Boerhaave syndrome using an over-the-scope clip

Boerhaave syndrome, a rare condition involving esophageal perforation and associated with high mortality, has traditionally required surgical repair [1]. In most cases of Boerhaave syndrome, the tear extends several centimeters, because of which it is difficult to completely close with hemoclips. More recently, treatment with self-expandable metal stents has been attempted for Boerhaave syndrome. However, this method has a limited success rate and safety concerns have been reported [2]. We have described elsewhere the utility of the over-the-scope clip (OTSC) in patients with perforations and fistulas of the gastrointestinal tract [3–5]. Here, we present the first patient with Boerhaave syndrome successfully treated nonoperatively with OTSC.

A 62-year-old man presented with hematemesis and substernal pain after an episode of vomiting. Enhanced computed tomography (CT) scan revealed intraluminal hematoma (white arrows) in the middle esophagus, pneumomediastinum (black arrows), and pleural effusion. (Fig. 1)

Endoscopy revealed a 10-cm long tear on the middle to lower esophagus and exposed muscularis propria with perforation in lower esophagus (Fig. 2 and Video 1). Closure using hemoclips failed because of the extended length of the tear. Another attempt was made to close the tear in the lower esophagus using OTSC, which was successful. Subsequently, owing to the reduction in the length of the tear by using OTSC, we could easily close the defect in the middle esophagus with hemoclips, resulting in successful closure of the whole tear (Fig. 3 and Video 1). A CT scan taken 2 days after the treatment revealed disappearance of pneumomediastinum (Fig. 4). The clinical condition of the patient improved and he was discharged 25 days later. On follow-up endoscopy 24 days later, the tear site was completely healed with the scarring (Fig. 5). Our patient had an excellent outcome with complete healing of the defect with-
out surgical intervention and associated complications. This case suggests that a multidisciplinary approach involving endoscopic placement of an OTSC is a suitable treatment option for Boerhaave syndrome.

Endoscopy_UCTN_Code_TTT_1AO_2AI

Competing interests: None

H. Kobara¹, H. Mori¹, K. Rafiq², S. Fujihara¹, N. Nishiyama¹, K. Kato¹, M. Oryu¹, J. Tani¹, H. Miyoshi¹, T. Masaki¹

¹ Department of Gastroenterology and Neurology, Faculty of Medicine, Kagawa University, Kagawa, Japan
² Department of Pharmacology, Faculty of Medicine, Kagawa University, Kagawa, Japan

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0032-1326454
Endoscopy 2014; 46: E82 – E83
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

H. Kobara
Department of Gastroenterology and Neurology
Faculty of Medicine
Kagawa University
1750-1 Ikenobe, Miki, Kita
Kagawa 761-0793
Japan
Fax: +81-87-8912158
kobara@med.kagawa-u.ac.jp

Fig. 4 Computed tomography (CT) scan after 2 days of treatment showing the over-the-scope clip (OTSC; white arrows) closing the tear and the absence of pneumomediastinum and pleural effusion, suggesting complete sealing of the perforation site.

Fig. 5 Endoscopic view of the over-the-scope clip (OTSC) in situ and mucosal healing 24 days after treatment.