Acute variceal bleeding is a life-threatening event. Endoscopic band ligation is currently the recommended treatment [1]; however, in the case of reduced variceal volume, injection therapy with polidocanol or Histoacryl may be more appropriate. If both endoscopic options fail, placement of a Sengstaken–Blakemore tube should be considered [2], although other endoscopic therapies can be used [3].

A 54-year-old man with a known history of compensated alcoholic cirrhosis presented in the emergency room with acute hematemesis. The vital signs were stable and laboratory workup showed mild anemia and thrombocytopenia. Upper endoscopy revealed a peptic esophagitis with confluent ulceration and a spurting variceal hemorrhage in the cardia. After injection of 10 ml of 1% polidocanol, that did not control the bleeding, a Sengstaken–Blakemore tube was exteriorized [Fig. 1]. As the video demonstrates [Video 1] the extremity with the deflated balloon, because of spontaneous transection 3 cm proximally to the balloon insertion, was still in place. It was decided to remove the tube with a snare. On revision there was no active bleeding, hence no treatment was carried out.

The use of a Sengstaken–Blakemore tube is increasingly rare, mostly because of the high incidence of complications, such as aspiration pneumonia, airway obstruction, pressure necrosis of the mucosa, esophageal rupture, and cardiac infow obstruction [4–6]. To our knowledge this is the first video showing the extraction of a Sengstaken–Blakemore tube that had transected probably because of a manufacturing defect. To prevent this situation a careful assessment of the tube must be made before placement. Besides the very successful resolution using a standard endoscopic extraction procedure, we emphasize the rarity of the video images of this unusual situation.

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