Sequential endoscopic drainage and clip closure of an intrathoracic esophagogastric anastomotic dehiscence

A 69-year-old man underwent an upper gastrointestinal endoscopy, which revealed a large submucosal lesion in the distal esophagus with normal overlying mucosa. Endoscopic ultrasound (EUS) showed a hypoechoic lesion measuring 80×40×30 mm in the submucosa (Fig. 1). A subtotal esophagectomy was performed. Histopathological examination of the resected tissue revealed a duplication cyst.

The patient developed sepsis 3 weeks after surgery. A computed tomography (CT) scan revealed evidence of dehiscence of the esophagogastric anastomosis with a large mediastinal collection (Fig. 2). A third upper gastrointestinal endoscopy was performed and after removing the OTSC, we applied argon plasma coagulation (APC) and three through-the-scope clips, which effectively sealed the fistula (Fig. 3c). Resolution of the mediastinal abscess as well as the fistula was confirmed on a further thoracic CT scan and Gastrografin swallow (Fig. 4).

This case highlights the potentially useful role of endoscopic drainage and clipping devices in the management of a rare but serious adverse event of esophageal surgery.

Competing interests: None

Endoscopy_UCTN_Code_TTT_1AO_2AI