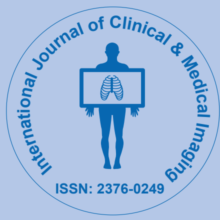

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PPT Presentation

Traumatic Oesphageal Perforation

Dr. G.Balachandran, MD, DNB, DMRD.
Associate Professor,
SMVMCH, Pondicherry
India.
E-mail: dr.g.balachandran105@gmail.com

History

- A 73 YR female was referred for urgent CT examination in the evening
- NECT thorax done,images in axial,coronal and sagittal planes studied.

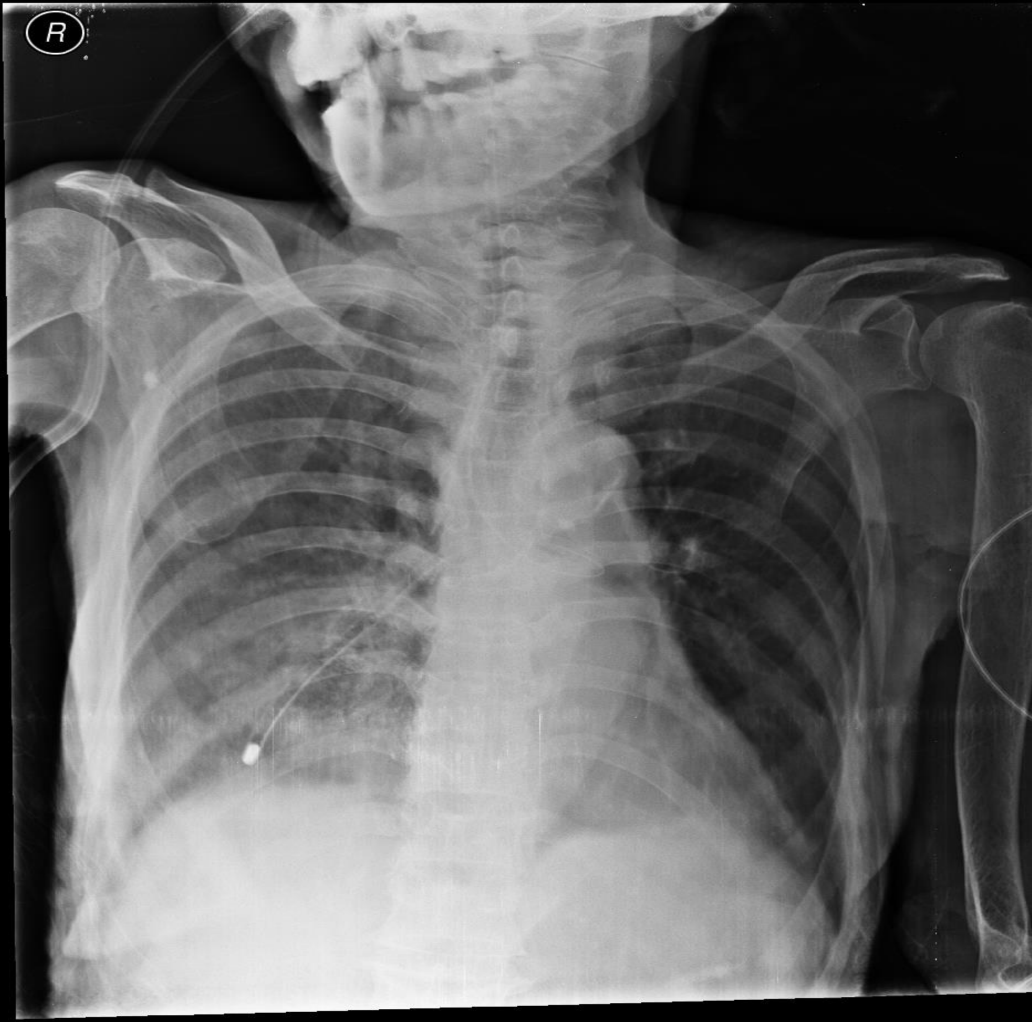

Figure1: Bedside Cxr

Bedside CXR The tip of Ryle's tube is in right side thorax,just above right dome of diaphragm.

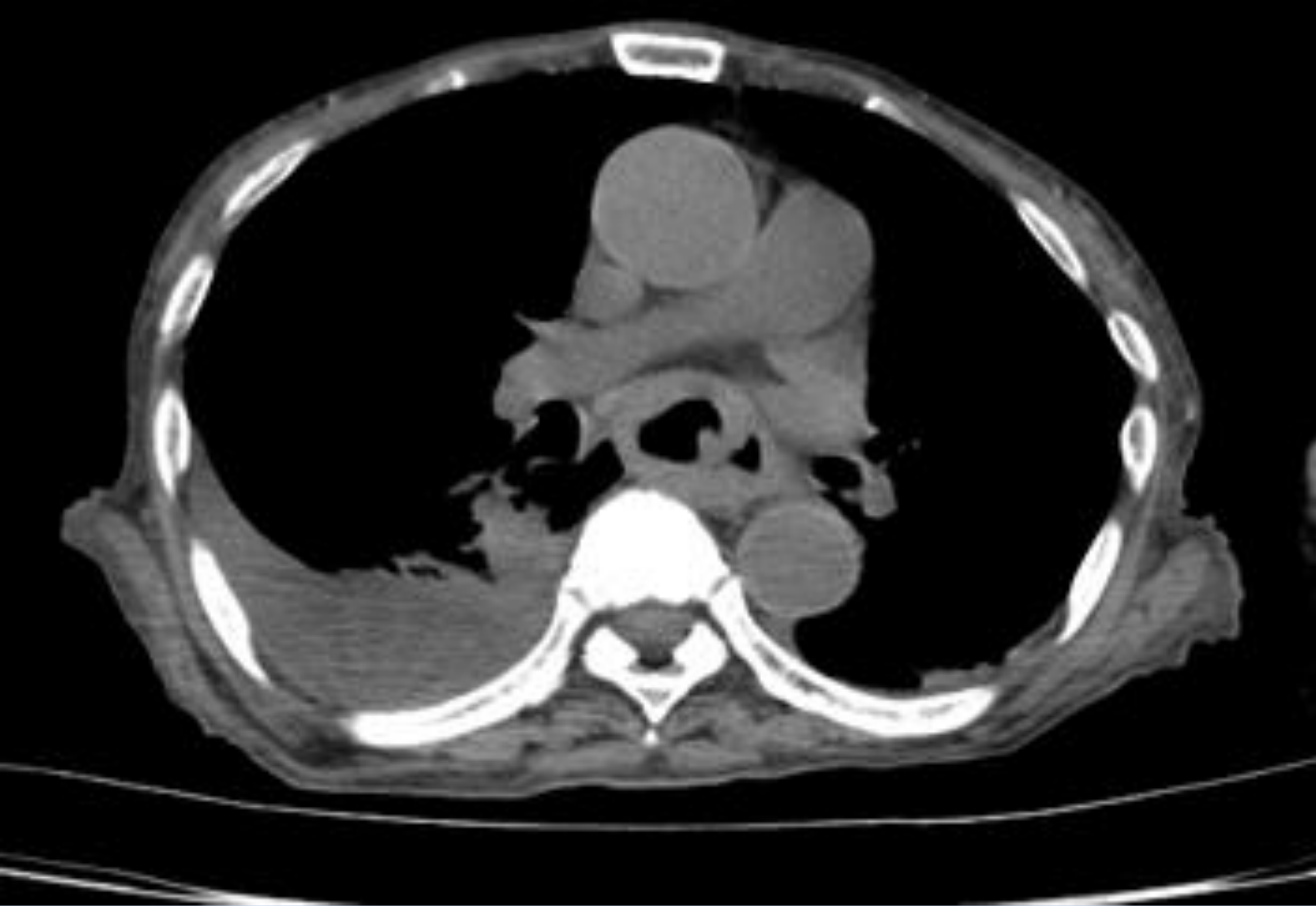

Figure 2: NECT axial thorax at T5 level shows double lumen in mid-oesophagus- A soft tissue mass involving lower third oesophagus was seen distally.

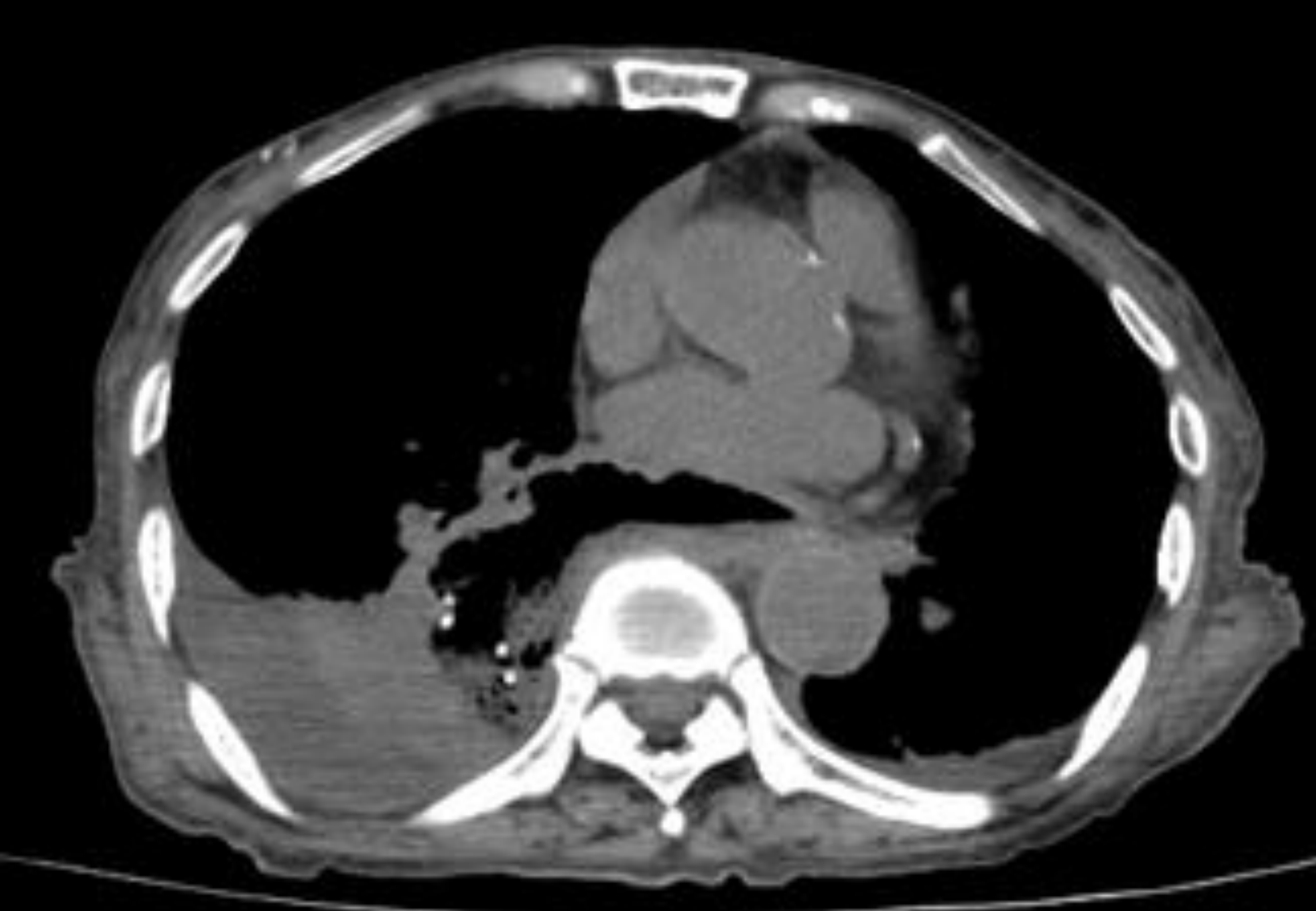

Figure 3: NECT axial thorax at T 7 level shows a lung cavity in right lower lobe communicating with the oesophageal lumen. All gastric contents seen to be aspirated into the lung cavity

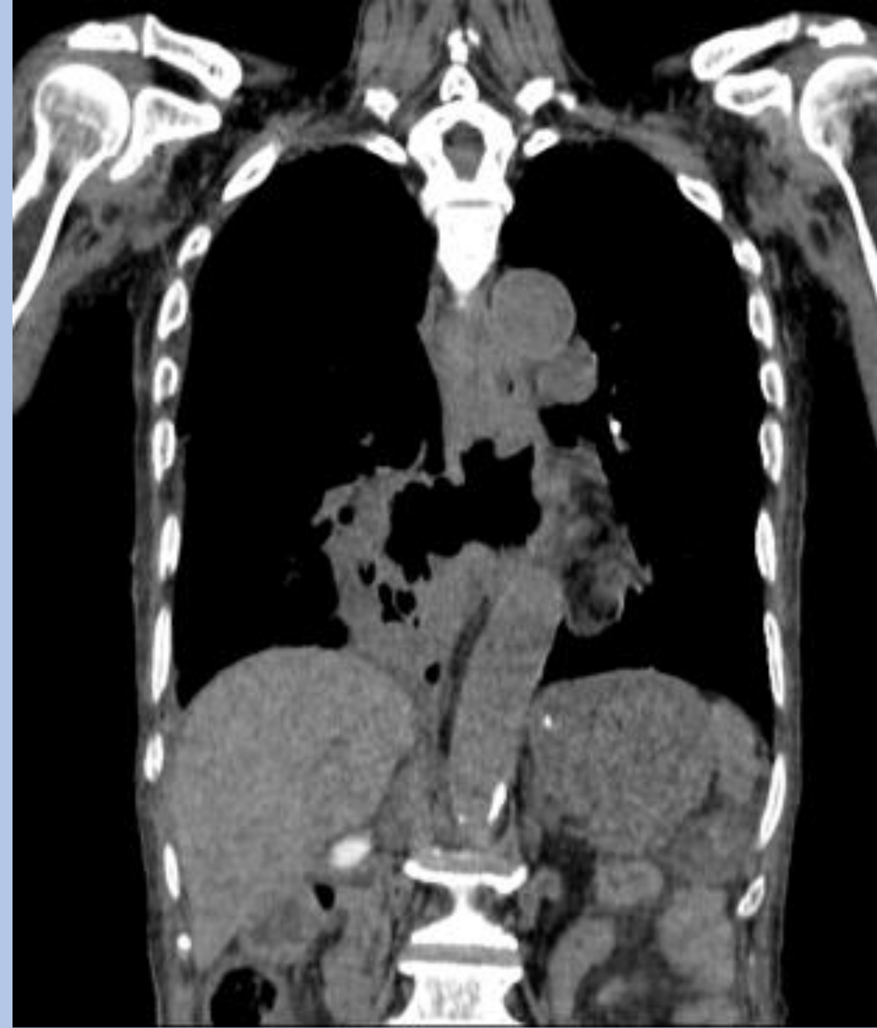

Figure 4:- NECT coronal thorax shows large air pocket in midline communicating with lung cavity

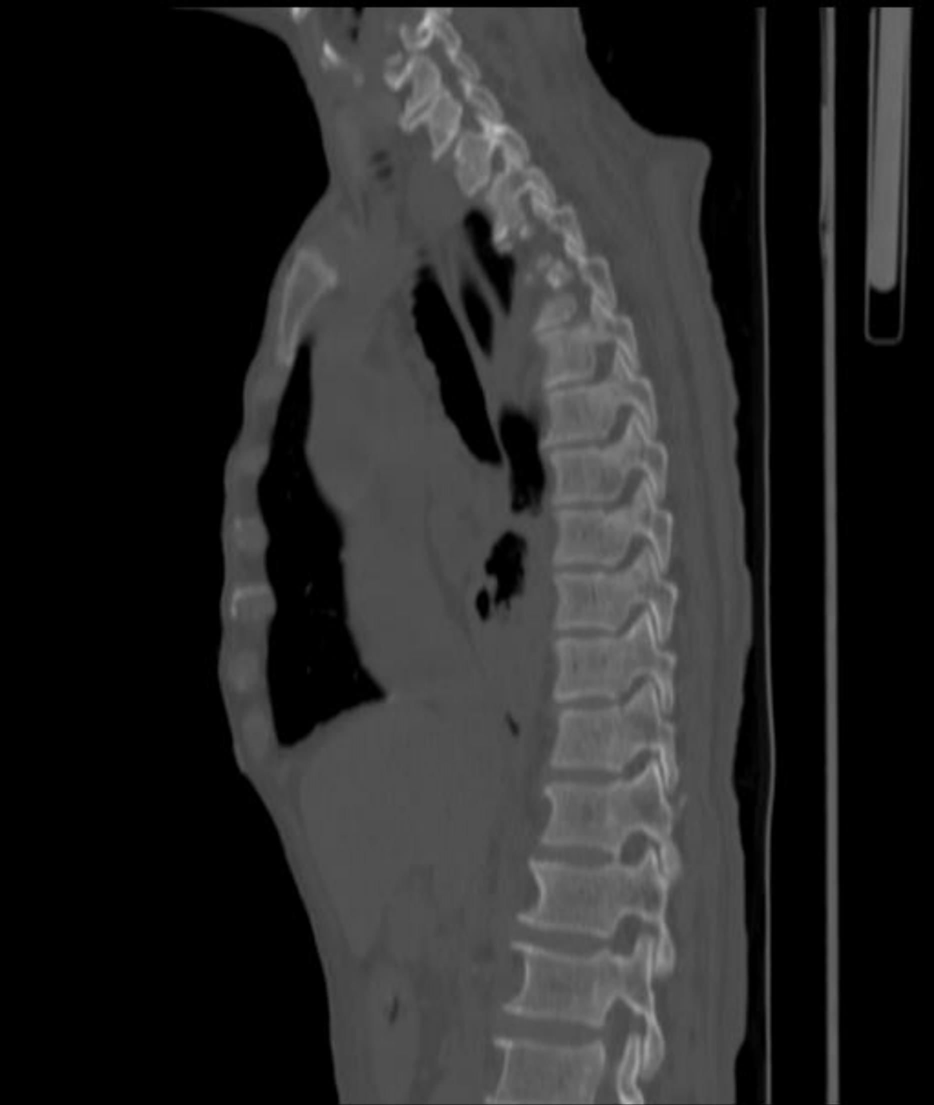

Figure 5: NECT sagittal thorax shows false lumen in oesophagus

Nect Thorax Image Interpretation

- There is oval shaped opacity with central cavitation ,in right lower zone,extending to midline.
- The opacity shows abnormal pockets of air collection,appears to communicate with
- oesphageal lumen,at T7 level.The central cavity contents appear, morphologically , similar to gastric contents.
- There is bilateral pleural effusion R > L, transudate nature
- Upper third oesophagus is dilated,max diameter is 4 cm. .
- Lower third oesophagus is eccentrically narrowed.from T6 level.
- Air fluid level is seen in mid oesophagus,with a possible false lumen is seen
- Upper limit of false lumen is seen at T1 level.

Final Diagnosis

Advanced osephageal maligant neoplasia traumatic oesphageal perforation.

Discussion

Esophageal perforation is a life-threatening injury, needing prompt surgical intervention in most cases. Despite significant advances in modern surgery and intensive care medicine, esophageal perforation continues to present a diagnostic and therapeutic challenge. Untreated perforations in the thoracic esophagus usually cause severe mediastinitis with a high mortality rate.

Esophageal perforation may have different etiologies. The risk of perforation with diagnostic flexible esophagogastroduodenoscopyis 0.03%. the risk of perforation can dramatically increase secondary to therapeutic procedures such as stricture balloon dilatation bouginage, placement of NG tubes (as in our case) , stents, or foreign body removal. It has been estimated that 33–75% of all esophageal perforations are iatrogenic

Reference

1. Bernd Hamm, Pablo R, Ros, et al. Abdominal Imaging (2012 edition) Springer.