**Título:** MULTIDISCIPLINARY MANAGEMENT OF A PATIENT WITH AN OESOPHAGEAL PERFORATION BY A FOREIGN BODY

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**Área Terapêutica/Tema:** Manejo da Via Aérea (Airway Management)

**Resumo:**

Background

Patients with esophageal foreign bodies require prompt diagnosis and therapy. Destruction of the esophageal wall by an ingested foreign body may increase complication rates. We present a case of a multidisciplinary approach to a patient presenting with an oesophageal perforation.

Case report

48-year-old male oligophrenic patient was transferred to our centre due to a foreign body oesophageal perforation into the left bronchus. Pre-operative abnormal findings were haemoglobin of 10 g/dL and INR of 1,44 and thoracic CT reported the location of the foreign body (a dental skeletal prothesis swallowed by the patient a month ago) in the middle third of the oesophagus with fistulisation to the left bronchus.

General anesthesia was induced with co-administration of propofol and remifentanil by target-controlled infusion. Orotracheal intubation was performed with videolaryngoscopy and a wired endotracheal tube. Gastroenterologists tried unsuccessfully to remove the foreign body endoscopically but caused more oesophageal tear and, suddenly, oximetry dropped from 100% to 46%. In face of this “cannot ventilate situation”, an emergent cricothyrotomy was considered but it was decided to direct the orotracheal tube to right bronchus guided by bronchoscopy. The exclusive ventilation of the right lung resolved the sudden desaturation to values of approximately 94%. The original orotracheal tube was replaced by a right double lumen tube. Thoracic surgeons went on to the surgical extraction of the foreign body through thoracotomy. Patient was haemodynamically stable throughout the rest of the surgery and it lasted 7 hours.  At the end, patient was transferred to the ICU.

Discussion

The management of this case required a multidisciplinary approach (anesthesiology, gastroenterology, otolaringology and thoracic surgery) not only to successfully remove the foreign body, but also resolving the emergent “cannot ventilate” situation. The conduct of anaesthesia must foresee potential airway comprimise and trace a plan of action, even in situations where a specific difficult airway algorithm doesn’t apply. In this case, it was crucial to timely stop and think of the mechanism of injury and that a cricothyrotomy wouldn’t resolve the situation.

References

BJA Education. 2015; 15: 265–70