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ESOPHAGEAL PERFORATION SECONDARY TO ARTERIAL EMBOLIZATION DEVICE IN SCIMITAR SYNDROME

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CLINICAL CASE

Scimitar syndrome is a congenital malformation that usually associates hypoplasia of the right lung with abnormal blood supply to it by direct branches of the aorta. This branches normally require embolization.

We present a case of a sixteen year old man with Scimitar syndrome. Nine months after embolization of the branches from the aorta to the hypoplastic lung, he consulted for dysphagia and vomiting. The embolization was performed with a metallic device generally used for the coaptation of the foramen ovale: an Amplatzer-Occluder ® device.

The CT scan showed pneumomediastinum and one of the metal embolization devices located in the esophageal lumen. Subsequently, a gastroscopy was performed which showed the metallic device on the esophageal lumen, occupying it and impeding the passage of the endoscope.

With the diagnosis of esophageal perforation secondary to decubitus by a metallic embolization device, it was decided to perform an arteriography to check if the arterial branches had flow, observing a complete obliteration of them. Subsequently, an endoscopy was performed to remove this device. During this intervention we did a

femoral arterial control to be able to treat possible bleeding at the time of the traction of the device. This extraction was performed successfully, without any bleeding. A fully covered Hanarostent ® prosthesis was placed in the esophagus. The patient was nourished by nutrition tube for a week. The third week after the removal of the device, an endoscopy was performed to remove the prosthesis. This procedure was completed without observing esophageal perforation in the extraction area of the Amplatzer-Occluder ® or any other complications.

Finally, the fourth week after the procedure we performed an esophagram, which did not show contrast leakage. In addition to this the patient presented good oral tolerance.

DISCUSSION

Any procedure that involves implantation of artificial material is liable to cause damage to the surrounding tissues. In this case, the Amplatzer-Occluder ® intravascular device placed in the anomalous arterial branches has caused an esophageal perforation that has been solved in a satisfactory way.

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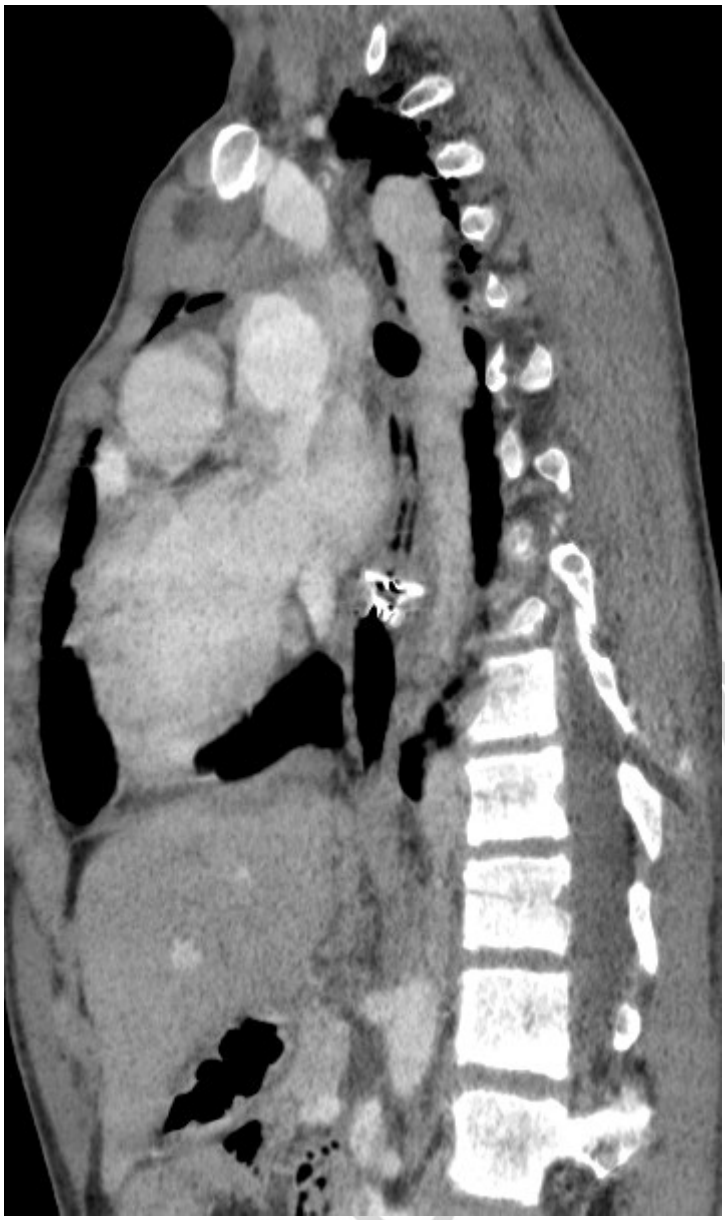

Figure 1. Sagittal view of the CT scan, observing the metallic device in the esophagus lumen.

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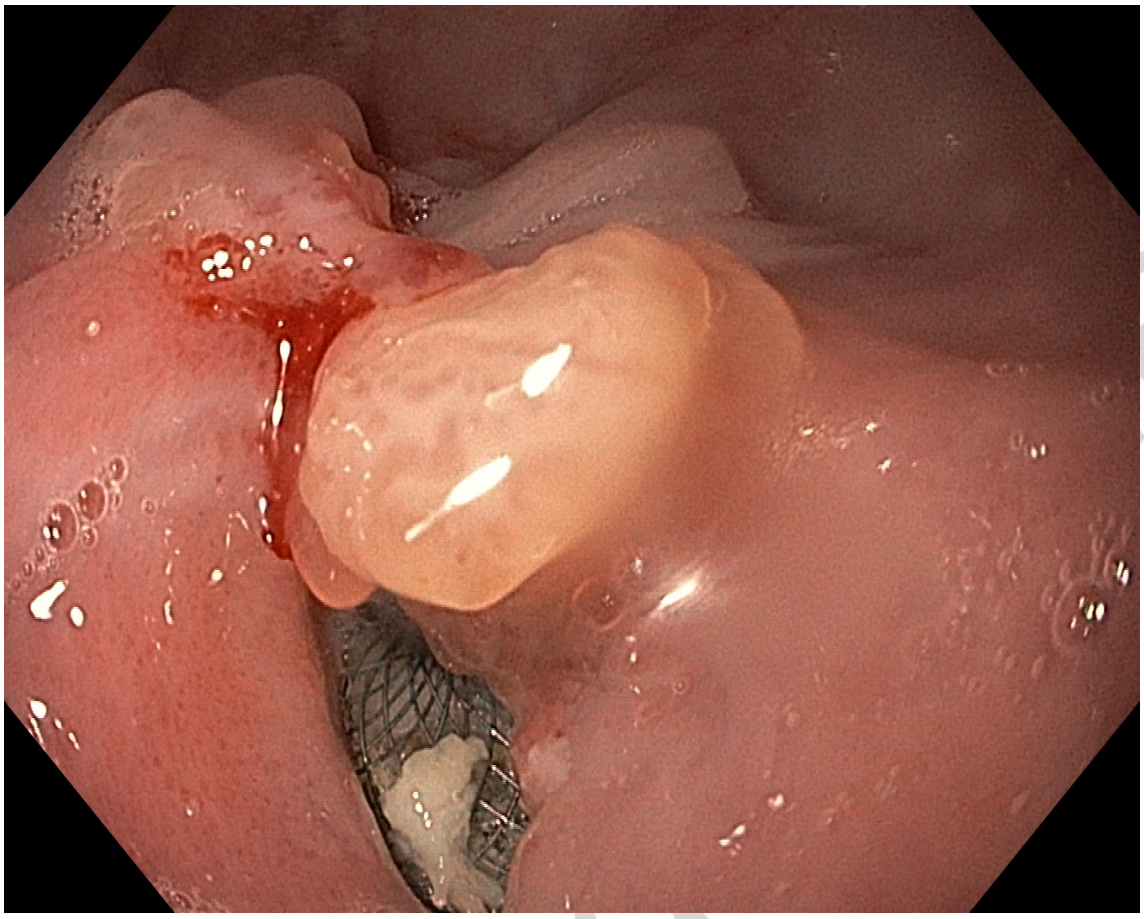

Figure 2. Endoscopy image in which we can observe the esophagus perforation secondary to the Amplatzer Occluder®.

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Figure 3. Amplatzer Occluder® device once removed from the esophagus.