

# An unusual case of oesophageal rupture treated by transhiatal oesophagectomy

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**Summary:** Spontaneous rupture of the oesophagus is an uncommon surgical emergency. A case is presented in which the extensive nature of the rupture precluded standard methods of treatment and was treated by transhiatal oesophagectomy.

## Introduction

A recently reported series<sup>1</sup> attributed the excellent results obtained in the treatment of spontaneous oesophageal rupture to primary suture, where possible, adequate debridement with drainage of the mediastinum and post-operative nutritional support. Other authors have also recommended early primary repair of oesophageal tears.<sup>2,3</sup> We would like to report our recent experience with a case of spontaneous rupture of the oesophagus in which this approach was not possible.

## Case report

A 72 year old man was admitted with a history of severe chest pain after a bout of violent vomiting. No subcutaneous emphysema was detectable and an initial chest X-ray was normal. However, a repeat film taken 15 hours after the onset of symptoms revealed a small left sided pleural effusion. A diagnosis of perforation of the oesophagus was made. For logistic reasons contrast examination was not obtainable. The patient was brought to the operating theatre for repair of the tear. Flexible endoscopy immediately prior to surgery confirmed the clinical diagnosis – there

being two large rents on opposite sides of the oesophagus that extended on the right side from 25 to 35cm from the incisor teeth, and on the left from 33 to 38 cm. The extensive nature of the tears made surgical approach from either side of the chest difficult. A transhiatal oesophagectomy was therefore performed, with blunt dissection of the oesophagus through an enlarged hiatus. Continuity of the alimentary tract was restored by a cervical oesophagogastrostomy. This technique allowed adequate drainage of the mediastinum through the hiatus and it was possible to fashion an anastomosis in the neck away from the contaminated field. Operating time was limited to 2 hours and 40 minutes. The patient made a good recovery.

## Discussion

We would adhere to the principles of primary closure advocated by Hendry *et al.*<sup>1</sup> but where this is not possible transhiatal oesophagectomy represents an alternative which observes fundamental surgical principles.

## References

1. Hendry, W.S., Munro, A. & Logie, J.R.C. Spontaneous rupture of the oesophagus: principles of management. *J R Coll Surg Edinb* 1983, **31**: 274–276.
2. Froggart, D.L. & Gunning, A.J. Treatment of oesophageal perforation. *Thorax* 1966, **21**: 524–528.
3. Abbot, O.A., Mansour, K.A., Logan, W.D. *et al.* Atraumatic, so called 'spontaneous' rupture of the oesophagus. *J. Thorac Cardiovasc Surg* 1970, **59**: 67–83.

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Accepted: 25 June 1987