

中文題目：醫源性的食道穿孔所導致的縱膈炎：究竟內視鏡治療是否足夠？

英文題目：Mediastinitis after iatrogenic esophageal perforation: Is primary endoscopic closure enough?

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Background: Iatrogenic esophageal perforation is an emergency adverse event with high mortality. This is a rare condition with diversified management. Most of articles indicate that primary closure is enough for early (under 24 hours) perforation, but they do not recommend how to manage early perforation with mediastinitis. We report a case of mediastinitis with iatrogenic esophageal perforation after endoscopic procedure that was successfully managed by endoscopic clipping closure combined with thoracoscopic cleaning.

Case presentation: A 41 years old female patient with 15mm iatrogenic esophageal perforation was revealed after 8 hours and closed endoscopically by hemoclips. Mediastinitis with fever, left side hydropneumothorax on computed tomography (CT) scan after endoscopic closure was cleared by thoracoscopic cleaning and 10 days pleural drainage. Patient was discharged from hospital after 13 days.

Conclusion: This case suggests that iatrogenic esophageal perforation after 8 hour with mediastinitis could be managed successfully by endoscopic closure combined with thoracoscopic cleaning and pleural drainage.