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Summary

MANAGEMENT OF DELAYED PERFORATION AFTER ESOPHAGEAL ENDOSCOPIC SUBMUCOSAL DISSECTION USING VAC-STENT

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Digestive Oncology | Endoscopy | Oesophagus

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VAC-stent successfully managed delayed esophageal perforation following circumferential ESD of a 40mm Barrett's adenocarcinoma, achieving complete healing by 15 days without stricture formation.

KEY POINTS

- Circumferential ESD performed using triple-tunnel approach for 40mm lesion (Paris 0-IIa + Is) involving 75% of esophageal circumference in Barrett's esophagus (Prague C4M5), with pre-emptive EVT applied after muscular tears were clipped.
- Two perforations less than 5mm and 4cm apart were detected on 3rd postoperative day due to rising inflammatory markers and fever, managed with VAC-stent placement.
- By 15th postoperative day perforations had healed; patient discharged on 18th postoperative day in good clinical condition after progressive improvement and resumption of liquid diet.
- Histology confirmed moderately differentiated adenocarcinoma pT1b (sm1) pNX G2 with R0 resection and no high-risk pathological features.
- At 30-day follow-up, homogeneous healing tissue was observed with no stricture detected at the resection site despite circumferential defect.

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