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Summary

ESOPHAGEAL PERFORATION – ANALYSIS OF ETIOLOGY, MANAGEMENT AND OUTCOME – A 10YRS EXPERIENCE AT A TERTIARY UNIVERSITY MEDICAL CENTER

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A German tertiary center's 12-year retrospective analysis of 78 esophageal perforation cases identified iatrogenic causes as most common, with outcomes varying by etiology, location, and treatment modality.

KEY POINTS

- Iatrogenic perforations were the leading cause (45 of 78 cases), primarily from endoscopic procedures, followed by Boerhaave's syndrome (23 cases), foreign body ingestion (5 cases), and tumor-associated perforations (4 cases).
- Most perforations occurred in the lower esophagus (58 cases), with primary treatment consisting of endoscopic therapy in 38 cases, direct surgical management in 26 cases, and conservative approach in 14 cases, though 48 patients eventually underwent surgery.
- Survival was poorest for spontaneous and tumor-associated perforations (mean 22-23 months) and best for foreign body-related perforations (mean 50 months), with mid-esophageal location, primary surgical treatment, and advanced age identified as risk factors for poorer outcomes.
- Perforation-associated death occurred in 17 of 78 cases, and the authors note that endoscopic techniques have reduced surgical intervention needs in recent years while emphasizing the importance of multidisciplinary management and continuous treatment reassessment.

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