

A Rare Cause of Esophageal Rupture: Anterior Cervical Fixation

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Dear Editor,

A 29-year-old male patient with tetraplegia was admitted to our clinic for rehabilitation. The patient had had anterior cervical stabilisation operation following C6 and C7 fractures caused by a neck trauma. In his medical examination no isolated active movement was present in lower extremities. Strength in shoulder abduction and wrist extension were 3/5 in upper extremities. Percutaneous endoscopic gastrostomy (PEG) had been placed for feeding as tracheoesophageal fistula was suspected in endoscopy in another clinic.

Patient developed pulmonary symptoms including coughing and dyspnea within a week. Thorax CT and endoscopic investigation revealed that stabilisation material had indented esophagus. Patient was transferred for esophagus surgery.

Morbidity and mortality rates are very high in esophageal ruptures. It may lead to complications such as mediastinitis [1,2]. It is easily overlooked, as pulmonary symptoms are considered as likely to happen in high level tetraplegics with impaired pulmonary functions. Patient was misdiag-

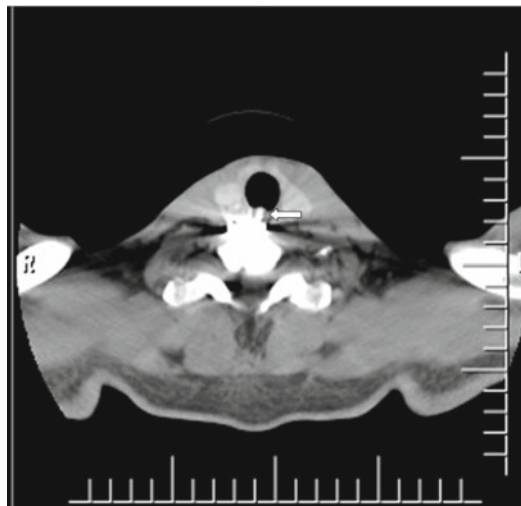


Figure 1. Anterior cervical fixation indented esophagus.

nosed with tracheoesophageal fistula in another clinic, yet he may be considered lucky for not being orally fed. Early diagnosis is vital.

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Received Mar 22, 2020; Accepted Apr 06, 2020

Key words: Esophageal rupture; anterior cervical fixation

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