Endoscopic treatment of anastomosis insufficiency and perforation in the esophagus with fibrin glue. [German]

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Abstract:

The incidence of anastomotic dehiscence following oesophageal or gastric resection reported in European studies varies between 3.5 and 25%. The outcome of these patients is usually not explained nor is there a relevant number of studies concerning the treatment of this situation. Oesophageal perforation is rare but is commonly combined with high morbidity and mortality. Operative treatment mostly means major surgical procedures. In our institution endoscopic treatment of these defects has been established since 1985. Following the endoscopic diagnosis, the extent of the defect becomes radiologically documented by filling the cavity with contrast media. This also shows any contact to intraoperatively placed drainages. The lesions and abscess cavities are then endoscopically flushed with saline solution on a daily basis analogously to an internal drainage until surfaces are cleansed. Developing granulation tissue and cleansed surfaces are then covered with fibrin tissue adhesive to support shrinking of the defect. During the last 9 years, we treated 46 cases of anastomotic dehiscence and 9 oesophageal perforations applying this regimen. About 50% of the patients showed signs of sepsis at the beginning of their course. The defects were between 1 and 400 ml in size. In a median number of 4 (1-19) endoscopies a median of 8 (1-81) ml of fibrin tissue adhesive was applied. The average costs for fibrin tissue adhesive were about US $720. Close to 80% of the lesions could be healed, only 14% of the patients developed oesophageal stenosis with a consecutive need of dilatation. We therefore conclude that this method is helpful in treating patients with oesophageal lesions, especially if they are in reduced general condition and are at high risk for operative interventions.