

Szerokie rozerwanie ściany przelyku jako jatrogenne powikłanie stabilizacji odcinka szyjnego kręgosłupa

Wide esophageal wall rupture as iatrogenic complication of anterior cervical spine surgery

Małgorzata Wierzbicka, Maciej Pabiszczak, Piotr Smuszkiewicz, Witold Szyfter

Summary

The case of 19-year old men with iatrogenic esophageal wall perforation is presented. The patient underwent anterior cervical stabilization using plate and screw for fracture of the C4 and C5 vertebra followed by an abscess of prevertebral space with discharging pus and food from the wound. The general condition was poor. Symptoms included: pneumo-nia, pleuritis with effusion, septicemia with mediastinitis, fever up to 40 and quadriplegia on neurological examination. During surgical procedure the implant loose but was still fixed into the esophagus causing a large defect in the posteri-or wall of the hypopharynx and cervical part of esophagus was found. The patient undergone three step surgery with wide drainage of prevertebral abscess, removing of osteosynthetic plate removal and formation of pedicle flap with ster-no-cleido-mastoideus muscule. The finnal fourth procedure with using of pediculed infrahyoid flap gave an excellent result. During 160 days hospitalization the pus culture showed growth of the 11 bacterials species (like *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Enterococcus faecalis*) and 2 species of fungus. He was treated 13 types of antybi-otics. This special case we present because of live threatening complication (mediastinitis) and complicated clinical course as well as because of unique technique of the defect closure, i.e. the infrahyoid flap occurred to be successful.