Worldwide multi-disciplinary staff meetings

Milan OESO Pilot Center of Esophagology

May 28, 2020

5:00 – 7:00 pm (Central European Summer Time)

Clinical Case Presentation

80-year-old active woman, admitted to the emergency room for post-prandial retrosternal pain, inability to vomit, and dyspnea.

Home medications: Sotalole 80mg and Irbesartan 150mg for chronic atrial fibrillation and hypertension.

Physical examination: Weight 65.4 kg, height 1.50 m, BMI 28.9. Non-smoker. Mild distress, respiratory rate 24/min, BPM 88, blood pressure 120/65mmHg, SpO_2 84%. Afebrile. Severe kyphoscoliosis, scars from previous laparotomies.

Recent History

- Recurrent episodes of chest pain, postprandial discomfort, salivary or food regurgitation, occasional inability to vomit. Symptoms worsening over the past year.
- Fatigue and anemia (previous blood transfusion X 2, multiple shots of Ferinject, more recently Ferrograd per os - badly tolerated).
- 10kg weight loss

Past Medical History

- Appendectomy and tonsillectomy during childhood
- Open cholecystectomy at 48 years of age
- GERD symptoms under control with PPI until around 60 years of age
- Endoscopy showed grade A esophagitis and small hiatal hernia.
- GERD symptoms replaced by postprandial chest discomfort, dyspepsia, and episodic diarrhea, requiring dietary adjustments and Rifaximin one week/month
- Hartmann resection for perforated diverticulitis with colostomy reversal at 71 years of age

Steps in diagnosis and management

FIRST-LEVEL INVESTIGATIONS

- ✓ Hemodynamically stable
- ✓ ECG: non-significant ST segment depression with T-wave changes
- ✓ Echocardiography: concentric hypertrophy of left chambers and mild mitral insufficiency.
- ✓ Hb 8.5g/dl; WBC $8.16x10^3$; Troponin 6ng/L; CK-MB 0.6 UI/L; pro-BNP 98ng/L; Amylase 116mg/dl; LDH 288 mu/ml.
- ✓ EGA: ph 7.51; pco_2 30.6mmhg; po_2 67mmhg; HCO_{3-} 16 meq/L; Lactates 1.2 mmol/L.
- ✓ Chest x-ray: air-fluid level, no pleural effusion

➔ NG tube placement with venting of air and aspiration of gastric contents with prompt symptoms relief

- ✓ Upper endoscopy: Class B esophagitis (LA classification), Giant hiatal hernia (10cm) with gastric volvulus, impossible to visualize the pylorus, Cameron ulcers
- ✓ Gastrografin swallow study
- ✓ CT scan

COMPLEMENTARY INVESTIGATIONS

- ✓ Cardiopulmonary test
- ✓ Dynamic cardiac MR
- ✓ HR Esophageal Manometry

Multidisciplinary and Anesthesiological assessment

- ✓ ASA II/III, Patient fit for surgery, Age-adjusted Charlson comorbidity index: 5.

Therapeutic options

- ✓ Wait and see?
- ✓ Palliation: Feeding jejunostomy? PEG?
- ✓ Curative: Gastropexy? Fundoplication? Esophageal lenghtening? Cruroplasty? Mesh

Surgical management

- ✓ Laparoscopic approach
- ✓ Hernia reduction, posterior/lateral cruroplasty, mesh augmentation, Toupet fundoplication
- ✓ VIDEO
- ✓ ICU overnight
- ✓ Gastrografin swallow study on POD 2
- ✓ Discharged home on POD 4 eating a soft diet

Follow-up

- ✓ 3 months: Barium swallow study
- ✓ 6 months:
    - Upper endoscopy
    - Cardiopulmonary assessment