SUSPECTED ESOPHAGEAL PERFORATION: EXPERIENCE OF A TERTIARY CARECENTER

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INTRODUCTION

An esophageal perforation is associated with high morbidity, and when suspected, patients are transferred to tertiary care centers[1]. This study aimed to assess the outcomes of patients referred to a tertiary care center with a suspected esophageal perforation.

METHODS

We performed a retrospective analysis of medical records of patients referred to our service with a suspected esophageal perforation between 1/04/2023 and 4/23/2024. Patients presented as hospital transfers, in-patients, or emergency department consultations.

Care was individualized with a contrast study and/or endoscopy performed to further assess as needed. Outcome measures included treatment type, length of stay (LOS), and survival to discharge. Statistical comparisons were made using median LOS and descriptive analysis of survival rates.

RESULTS

Over 16 months, 79 patients were referred for a suspected esophageal perforation. The most common presenting concern for perforation was pneumomediastinum on CT. Survival to discharge was 100% for the entire cohort.

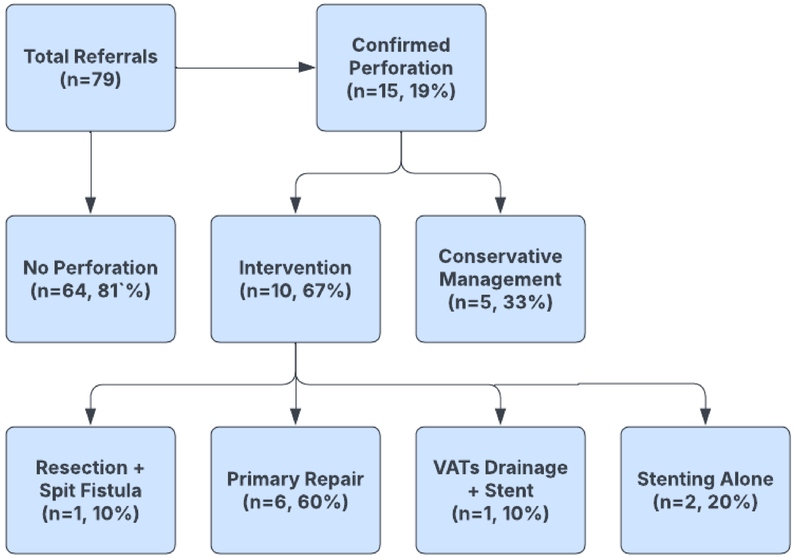


Figure 1. Management of Confirmed Esophageal Perforations.

Patient group	Median LOS
Negative workup	3 days (IQR: 2-5)
Confirmed perforation	17 days (IQR: 11-23)

Table 1. Length of hospital stay by diagnosis.

CONCLUSIONS

Early referral and prompt treatment of an esophageal perforation shows excellent survival at a tertiary care center. However, more robust diagnostic protocols are needed to reduce unnecessary resource utilization for patients without a perforation. Future studies should focus on optimizing diagnostic pathways and referral processes to enhance efficiency and reduce healthcare costs.

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