



*AAST Acute Care Surgery Didactic Curriculum*

## **Esophageal Perforation**

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### Highlights:

- Esophageal perforation, although rare, should be treated immediately upon diagnosis with NPO status, IVF resuscitation, antibiotic administration (consider anti-fungal use), and risk stratification assessment for surgical versus non-operative/endoscopic management.
- Surgical repair should be the preferred approach in the majority of cases. Endoscopic intervention and non-operative interventions should be limited to patients with favorable clinical factors including contained perforations without respiratory compromise or other signs of sepsis.
- Operative techniques for repair should be reviewed and applied depending on where the perforation along the length of the esophagus has taken place. Emphasis should be placed on buttressing all repairs with a vascularized flap and placement of distal feeding access.
- Endoscopy should be performed after caustic ingestions within the first 24-48 hours and graded on the Zargar classification scale to help guide therapy.
- There is more tendency to manage these conservatively or endoscopically as a recent advance, although mortality in the last RCT is higher in this group compared to the operatively managed group.