

Malposition of a Sengstaken-Blakemore Tube: A Case Report

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Balloon tamponade is one of the treatment options for the acute management of bleeding varices. Many complications are encountered after the insertion of a sengstaken-blakemore tube. We report a patient who developed severe complications after the insertion of a sengstaken-blakemore tube. Measures to prevent such complications have been discussed in this article.

Key words: *sengstaken-blakemore tube, complication*

Case Report

A 44-year-old man had hepatitis B virus infection and cirrhosis of the liver for 3 years. He visited our emergency department with complaints of hematemesis and tarry stool. The patient's temperature is 36.9°C, the heart rate is 88 beats per minute, and the blood pressure is 99/57 mmHg. The physical examination reveals clear consciousness, pallor appearance, mildly icteric sclera, and soft abdomen. The hemoglobin is 7.5 g/dL, the platelet count is 91000/uL, the blood urea nitrogen is 32 mg/dL, the creatinine is 1 mg/dL, the blood ammonia is 31 umol/L, the prothrombin time is 14 seconds, the aspartate aminotransferase is 166 IU/L, alanine transaminase is 98 IU/L, and the total bilirubin is 1.7 mg/dL. Endoscopic examination showed 3 esophageal varices with red color sign. Ligations were performed on these lesions. Two days after the endoscopic examination, hematemesis was noted again and the patient went into hemorrhagic shock. An endotracheal tube was inserted to protect the airway. A sengstaken-

blakemore tube was inserted smoothly without resistance for temporary tamponade. Epigastric auscultation was performed to identify the position of the tube, and gastric bubbling sound was confirmed by medical staff. Subsequent chest roentgenogram showed a malpositioned gastric balloon in the left lower lung field (Fig. 1). Chest computed tomography showed that the tube had penetrated through the esophageal wall (Fig. 2). Because the patient was hemodynamically unstable, surgical repair could not be performed. The patient died of refractory hemorrhagic shock a few hours later.

Discussion

Balloon tamponade is one of the treatment options in the acute management of severe bleeding from the varices when endoscopic ligation or sclerosis cannot be readily performed. Many complications are encountered after sengstaken-blakemore tube insertion, and some of these complications such as esophageal or tracheal rupture are fatal^(1,2). Epigastric auscultation can

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