UNUSUAL COMPLICATION OF THE SENGSTAKEN-BLAKEMORE TUBE

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Reported here is the first description of innominate vein obstruction by esophageal tamponade. The syndrome is characterized by local edema of the area drained by the vein. The diagnosis can be made by phlebography. Deflation of the balloon corrects the problem.

The Sengstaken-Blakemore tube is frequently used in patients with upper gastrointestinal bleeding from esophageal varices. Several complications have been reported to occur after its use, although most of them are easily avoidable with correct placement. We report here a case of obstruction of the innominate vein, an unusual complication not previously described.

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Case Report

A 22-year-old man with a portacaval shunt was admitted in the hospital with severe bleeding from esophageal varices and a Sengstaken-Blakemore tube was inserted. The gastric balloon was filled with 300 cc of air and the esophageal balloon

Fig. 1. The opacified innominate vein is obstructed at its junction with the superior vena cava. Arrows point to the inflated esophageal balloon of the Sengstaken-Blakemore tube.

Fig. 2. With the esophageal balloon deflated, the innominate vein obstruction has disappeared.
with 250 cc, and a pressure of 35 mm Hg was maintained within the latter. The correct position of both balloons was confirmed roentgenologically. Forty hours later, the patient showed marked edema of the left arm and shoulder and of the left side of the face and neck; a large left pleural effusion was also present. Thoracocentesis was carried out, but the pleural effusion recurred within a few hours. Phlebography performed through the left cephalic vein showed obstruction of the innominate vein at its junction with the superior vena cava (fig. 1). The obstruction completely disappeared when the esophageal balloon was deflated (fig. 2).

Discussion

Innominate vein obstruction is a hitherto unrecognized complication of esophageal tamponade. Physicians should be aware of this possible complication. The diagnosis can be made by phlebography with the Sengstaken-Blakemore tube esophageal balloon inflated. When this complication is recognized, the esophageal balloon should be immediately deflated to avoid possible thrombosis of the vein.

REFERENCES