

FATAL CARDIOVASCULAR ARREST COMPLICATING BOUGIE ESOPHAGEAL DILATION FOR PEPTIC STENOSIS

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A 70 year old patient presented with esophageal stenosis as a complication of peptic esophagitis. Bougie dilation was proposed. The procedure was performed under sedation by propofol.

At the end of the procedure, the patient presented brutally a significant abdominal distension with acute respiratory distress with bilateral subcutaneous emphysema quickly complicated by cardiorespiratory arrest.

After 5 minutes of cardiopulmonary resuscitation, external cardiac massage, iterative adrenaline bolus, tracheal intubation and mechanical ventilation and bilateral pleural exsufflation, cardiac rhythm was recovered with a stable hemodynamic state under 0.5 mg adrenaline per hour. After hemodynamic

stabilization; abdominal thoracic CT scan was performed showing (Figure 1):

- Bilateral subcutaneous thoracic emphysema (**Figure 1**).
- Important bilateral pneumothorax responsible of a compressive effect on both lungs (**Figure 1**).
- Important pneumoperitoneum compressing the intestinal loops (**Figure 2**).

A bilateral thoracic drainage was performed. The patient presented a second refractory heart arrest with multiple organs failure. He died before surgical exploration.



Figure 1: Chest CT image showing a bilateral pneumothorax with a significant bilateral compressive effect on the lung parenchyma. The chest tube is in place. Note also a subcutaneous emphysema.



Figure 2: Abdominal CT slide objectifying an important pneumoperitoneum with a compressive effect on the intestinal loops.