Image in cardiology

Late esophageal perforation due to an Amplatzer device in scimitar syndrome

Perforación esofágica tardía por dispositivo Amplatzer en síndrome de la cimitarra

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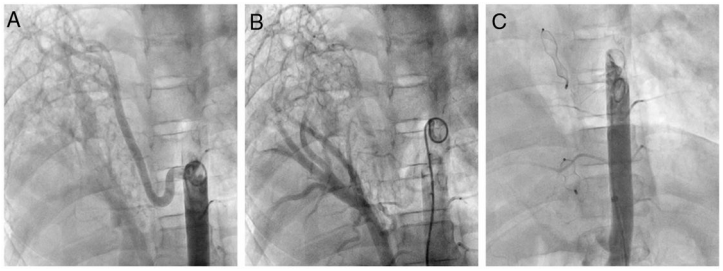

Figure 1.

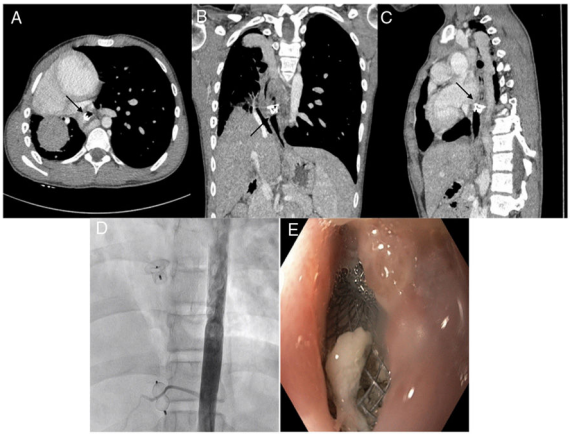

Figure 2.

We present the case of a 16-year-old man with scimitar syndrome with 2 large aortopulmonary collaterals (one supradiaphragmatic and the other a branch of the celiac trunk) that were causing a significant shunt (Qp/Qs, 1.8). He was sent for percutaneous embolization of both (following a balloon occlusion test), using a 10 × 8 Amplatzer Duct Occluder device for the superior collateral and a14 × 9 Amplatzer Vascular Plug for the inferior collateral, without complications (Figure 1). The patient remained asymptomatic for approximately 2 years, with clinical follow-up every 6 months.

He then reported a 3-month history of progressive dysphasia, and chest computed tomography showed partial blockage of the esophagus with the Amplatzer Duct Occluder, which was completely expanded (Figure 2A-C). An upper gastrointestinal endoscopy was performed, which showed that the mesh of the device was partially blocking the esophageal lumen such that the endoscope could not be advanced (Figure 2E).

The case was discussed in a case conference and it was decided to attempt endoscopic removal of the device. The procedure was performed in the operating room, under general anesthetic and angiographic guidance. The device was completely removed, and a provisional esophageal stent (Hanarostent) was implanted to treat the residual stenosis. The procedure occurred without complications, with no bleeding from the collaterals, which were completely occluded (Figure 2D). The esophageal stent was removed at 3 weeks, with no residual esophageal stenosis, and the patient remained asymptomatic after discharge from hospital and at follow-up.

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