Right Ventricular Collapse Caused by a Dilated Retrosternal Gastric Tube

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A 74-year-old male patient was admitted to our hospital because of appetite loss. He had a history of esophageal resection and retrosternal gastric tube reconstruction for esophageal carcinoma 11 years previously (Picture 1). Three days after admission, he developed sudden onset of breathing difficulty and chest discomfort. On physical examination, he looked pale and systolic blood pressure was 70 mmHg. His jugular vein was distended and abdomen was tympanitic. After rapid infusion of normal saline, his blood pressure returned to 100 mmHg. Arterial oxygen saturation with pulse oximetry was normal. Electrocardiogram showed sinus tachycardia without any ST-T change. Cardiac ultrasound study disclosed a large retrosternal mass which seemed to occupy the right ventricular outflow tract. Contrast body CT revealed bowel obstruction and a markedly dilated retrosternal gastric tube, which apparently compressed the right ventricle causing it to collapse (Picture 2). After nasogastric suction, his blood pressure immediately normalized, and his symptoms disappeared instantaneously.