An Elderly Woman with Air Leakage

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An 82-year-old woman underwent endoscopic retrograde cholangiopancreatography (ERCP) for obstructive jaundice. The site of sphincterotomy was extended, and segmental stricture was detected. Brushing cytology was subsequently performed, and a stent was inserted into the lesion. Immediately after the procedure, the patient developed tachypnea, hypoxia and bradycardia followed by asystole. The spontaneous circulation quickly returned after cardiopulmonary resuscitation, endotracheal intubation and chest tube placement. Meanwhile, we identified progressive diffuse subcutaneous emphysema, and computed tomography (CT) revealed pneumomediastinum, pneumothorax and severe extended subcutaneous emphysema (Picture). We considered the patient’s sudden collapse to be the result of tension pneumothorax. She subsequently received treatment with broad spectrum antibiotics and bowel rest and was ultimately discharged after an uneventful hospital stay, without additional sequelae.

The development of air leakage after ERCP carries significant morbidity and mortality, with a reported incidence of 0.3-2.1% (1). Non-surgical management has been shown to be increasingly successful in such cases (2).

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References


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