Obstructive Shock due to Reconstructed Gastric Tube Dilation

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A 51-year-old woman felt severe chest and abdominal pain after eating too much. She was transported by an ambulance in a sitting position, and her vital signs were 108/82 mmHg for her blood pressure and 100 beats/minute for her heart rate. Nine years ago, she underwent gastric tube reconstruction with the posterior mediastinum for esophageal cancer. Upon placing her in a supine position for computed tomography, she suddenly went into cardiopulmonary arrest; thereafter, she was successfully revived, and the examination was completed. The images showed a markedly expanded reconstructed gastric tube with food residue that compressed the right lung field and the mediastinum (Picture 1). We diagnosed her with obstructive shock of the inferior vena cava from the expanded gastric tube due to being in a supine position. Nasogastric tube decompression and fasting improved her condition (Picture 2). In such cases, it is necessary to consider the possibility of occlusive shock when performing the examination.

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