



Laparoscopic Closure of an Esophageal Perforation during a Heller-Dor Procedure for Achalasia

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Clinical Image

The laparoscopic Heller-Dor procedure is actually considered a therapeutic option with great durability for treating the esophageal Achalasia in patients with a low surgical risk [1,2]. The technique is based on the esophageal myotomy, relieving the absent of relaxation of the inferior esophageal sphincter. However, this technique has a related 15% of Esophageal Perforations (EP) [2,3].

The EP has an associated risk of sepsis and multiple organs failure, due to mediastinitis or peritonitis developed in accordance to their evolution time and the anatomical location (thoracic or abdominal) [4]. During the esophageal myotomy, the transoperative esophageal wall's closure has the best results and prognosis [3,4].

The picture series shows an intra abdominal EP during the sub mucosal dissection (Figure 1). The repair was performed employing a 3-0 PDS running suture (Figure 2) and an intraoperative endoscopy, assuring the esophageal wall's closure was practiced (Figure 3). The anterior Dor fundoplication was made for preventing the postoperative gastro esophageal reflux and at the same

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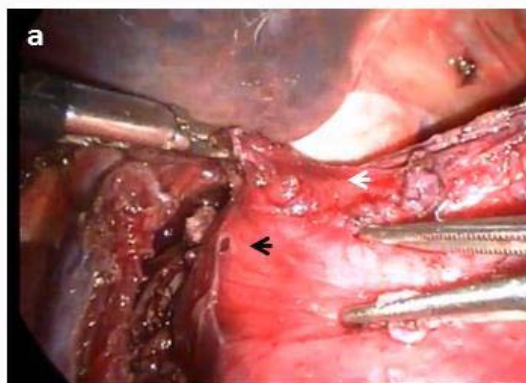


Figure 1: Sub mucosal esophageal perforation (black arrow) and myotomy edge (white arrow).

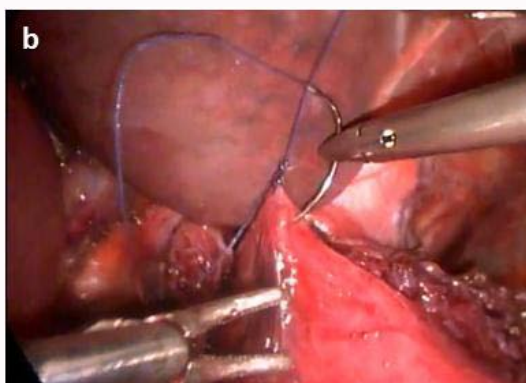


Figure 2: Simple closure of the submucosal esophageal plane.



Figure 3: Transoperative video endoscopy: the light is visualized through the esophageal submucosa.

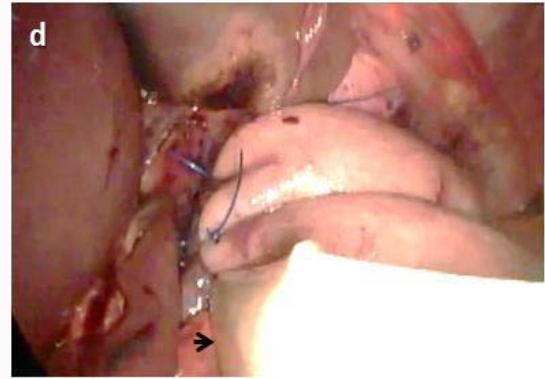


Figure 4: Anterior gastric fundoplication and abdominal drainage (black arrow).

time, acting as a patch for preventing leakages (Figure 4). The patient showed a satisfactory evolution and the esophagogram ruled out an esophageal fistula.

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