Late hypopharyngo-esophageal perforation after cervical spine surgery: proposal of a therapeutic strategy.

BACKGROUND: Hypopharynx and esophagus are occasionally at risk of perforation after cervical spine surgery. Although relatively rare—compared to the frequency of anterior instrumentation—hypopharyngo-esophageal perforation has to be considered as a late complication. An interdisciplinary surgical strategy is required for treatment. MATERIALS AND METHODS: We herein propose a flow sheet for an interdisciplinary treatment strategy. The concept is based on the authors’ personal experiences with this rare complication in a high-volume center for esophageal surgery. RESULTS: Our interdisciplinary surgical strategy is based on three central parameters that determine the course of treatment: (1) The patient’s general condition and signs of systemic infection determine the requirement for critical care management. (2) The stability of the spine (to be addressed by the orthopedic surgeon) determines the requirement for dorsal stabilization, prior to the mandatory removal of the anterior osteosynthesis material that is damaging the hypopharyngo-esophageal structures. (3) The surgical strategy for treatment of the gastrointestinal perforation—the decision to undertake either primary repair or resection—is based on its morphological characteristics: whether it is covered or free, whether it is associated with severe local infection or not, whether the defect is small or large. CONCLUSIONS:
Hypopharyngo-esophageal perforations after spine surgery are an interdisciplinary challenge, best treated by a concert of specialists (ICU, orthopedic surgeon, and gastrointestinal surgeon).