



Man with shortness of breath after meal

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IMAGES IN EMERGENCY MEDICINE

Airway

Man with shortness of breath after meal

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1 | CASE PRESENTATION

A 60-year-old man was referred to the emergency department because of severe dyspnea after a meal. He had undergone endoscopic gastric conduit reconstruction via the posterior mediastinal route after esophagectomy a decade ago. On admission, he had tachypnea and a respiratory rate of 40 breaths/minute, with shortness of breath. Chest x-ray revealed no infiltration in both lungs with a dilated mediastinum (Figure 1). Because airway obstruction was suspected, the patient was immediately intubated.



FIGURE 1 Chest x-ray showing a dilated mediastinum in the emergency department



FIGURE 2 Computed tomography showing tracheal compression caused by a dilated gastric conduit

2 | DIAGNOSIS

Tracheal compression caused by a dilated gastric conduit.

Computed tomography revealed tracheal compression caused by a dilated gastric conduit in spite of a positive end-expiratory pressure of 10 cm H₂O (Figure 2). The gastric conduit dilation and tracheal compression disappeared the following day (Figure 3A,B).

Reconstructed gastric conduit in posterior mediastinum is common after esophagectomy.¹ Despite its relative safety,² tracheal compression can occur because of the trachea's proximity. Gastric conduit dilation is reportedly caused by recurrent cancer, gastric conduit

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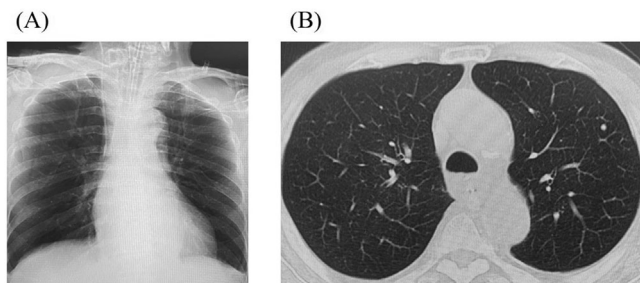


FIGURE 3 Chest x-ray (A) and computed tomography (B) did not show a dilated mediastinum and tracheal compression 1 day after the admission

hernia, and paraconduit hernia.^{3,4} However, this patient did not show these signs and admitted only moderate overeating. It is important to note dilated gastric conduit in the posterior mediastinal route can cause airway obstruction without mechanical obstruction or hernia.

INFORMED CONSENT

A written informed consent was obtained from the patient.

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