A 58-year-old lady presented with persistent dysphasia, more for solids than liquids, associated with vomiting and loss of appetite since 1 month. She gave a history of insertion of Mosseau-barbin (MB) tube for chronic dysphasia 15 years ago. Barium swallow demonstrated an oesophageal stent insitu along with dilatation of the lower end of the oesophagus with stagnation of contrast and “bird-beak” appearance of the lower oesophageal sphincter (LES) suggestive of achalasia cardia (Figure 1).

After failure of multiple attempts at endoscopic retrieval of the MB tube, pneumatic dilatation of the gastro-oesophageal junction was conducted, which resulted in expulsion of the prosthesis into the stomach.

Gastrotomy was performed, which revealed the MB tube in the gastric lumen (Figure 2). The tube was removed and the patient was rendered symptom free. One year postoperatively, the patient continues to be asymptomatic.

Persistence of dysphasia in patients treated with MB tube insertion for chronic dysphasia is a commonly encountered event. This could be because of (1) irritation of the mucosa by the tube, (2) gastro-oesophageal reflux and oesphagitis and spasm, or (3) a combination of both [1]. Oesophageal tubes like Celestin, Mousseau-Barbin, Souttar and Goureевич have been used for a number of years, prior to self expanding metallic stents (SEMS), with unreserved satisfaction, in patients with chronic dysphasia from inoperable carcinoma [2]. Early gastro-oesophageal reflux, demonstrated by free flow of contrast into the oesophagus on barium swallow, was one of the common complications, apart from (a) tube displacement, (b) tracheal compression, (c) oesophageal fistula, (d) aspiration and wound infection. A minority had obstruction of the prosthesis and in rare cases, allergic reaction to the compound within the prosthesis [3].

To conclude, complications following prosthetic implantation are rare, since these treatment modalities have far
outlived their advantages after the novel invention of luminal endoscopy and SEMS. This is one such rare scenario.

Conflict of Interest: No conflict of interest was declared by the authors.

Peer-review: Externally peer-reviewed.

Informed Consent: Written informed consent was obtained from patients who participated in this study.

Author Contributions
Concept - B.M.; Design - B.M.; Supervision - R.N.; Data Collection and/or Processing - B.M., R.N.; Analysis and/or Interpretation - R.N.; Literature Review - R.N.; Writer - B.M., R.N.; Critical Review - P.S.

Acknowledgements: I would like to thank my dad who has been a constant support and boosted my morale through thick and thin.

Financial Disclosure: The authors declared that this study has received no financial support.

References