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IMAGE

Pressure necrosis of ala nasi by Sengstaken-Blackemore tube

Abdul Khaliq · Usha Dutta · Rakesh Kochhar · Kartar Singh

A 42-year-old gentleman with history of significant alcohol consumption had history of painless hematemesis with postural symptoms. He was managed with fluids, blood products and octreotide; however the bleeding continued, and Sengstaken-Blackemore tube (SB tube, Rusch, Kernen, Germany) was inserted. The patient was then referred to our center. He was managed with fluids, blood products, terlipressin and endoscopy was done which showed large esophageal varices which were banded following which hemostasis was achieved. He developed necrosis of the ala of nose due to pressure necrosis by SB tube (Fig. 1).

Upper gastrointestinal bleed due to portal hypertension is a common emergency. Apart from maintaining airway and hemodynamic stability, vasopressors and endoscopic therapy are the primary modality to achieve hemostasis. Balloon tamponade has a role in providing effective temporary hemostasis when the above measures fail [1]. After inflating the SB tube, traction is applied by anchoring the tube to the ala of nose. This causes discomfort and pressure necrosis over a period of time and may lead to permanent deformity of nose causing facial dysmorphism [2].

Two methods have been described to apply traction to the SB tube. One is to secure the proximal end of the tube using a traction device over a pulley to maintain the desired traction using 500 mL–1,000 mL bag of intravenous fluid. The second method is to anchor the SB tube with tape to the mouth guard of a football helmet (American football).

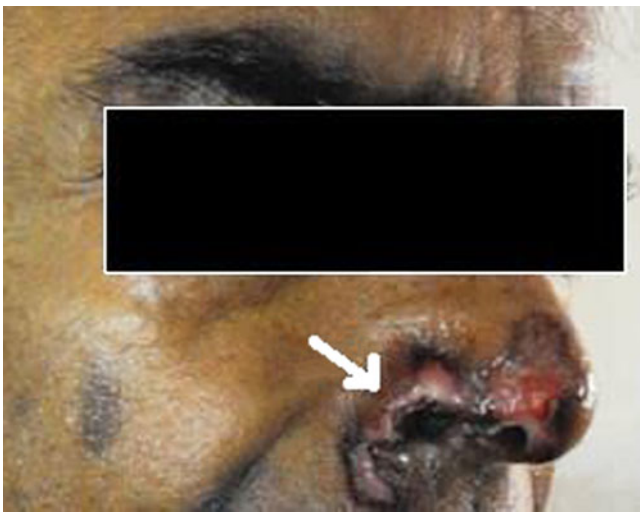

Fig. 1 Pressure necrosis of ala of nose

References

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A. Khaliq (✉) · U. Dutta · R. Kochhar · K. Singh
Department of Gastroenterology,
Postgraduate Institute of Medical Education and Research,
Chandigarh 160 012, India
e-mail: abdulkhaliq_23@yahoo.com