

50 years Without Complications After Ileocolonic Transposition

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Objectives: Introduce physicians and caregivers to patients living with previous ileocolonic transposition and the complications associated with the procedure

Background:

Ileocolonic transposition with esophagectomy is performed after caustic injury of the esophagus. Mortality is less than 5%. Postoperative frequent complications include cervical anastomotic leakage, graft necrosis, and anastomotic strictures early in the course and late complications like anastomotic strictures and graft redundancy.

Case:

A 65 year old gentleman was seen in the emergency department for nausea and vomiting for one day with history of heroin and cocaine abuse. Withdrawal symptoms from opiates were a suspected cause of this patient's symptoms, but upon imaging a chest x-ray showed herniation of what appeared to be abdominal contents into the mediastinum.

Upon further questioning of the patient once improved, he revealed esophagectomy performed at age 16 due to ingestion of caustic agent. He has been living with an ileocolonic transposition for the past 49 years without significant complications.

Esophagram was performed and showed significant delay in transit of barium from the pharynx to the stomach, mostly relating to pooling of contrast within large haustra throughout the intrathoracic colon without high-grade strictures and absence of peristalsis.

Discussion:

Complications are frequent in these patients. In this case report we present a gentleman who has been free of complications for almost 50 years. Common complications that patients with this procedure are expected however quality of life for most patients is acceptable.

Key Points:

Identify ileocolonic transposition on imaging

Know the complications associated with ileocolonic transposition

Importance of taking a detailed surgical and past medical history