**The Minnesota tube: long gone but not forgotten.**

**Type:**

Case Report

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**Case Report:**

Bleeding esophageal varices can lead to catastrophic outcomes including death. While endoscopic intervention is potentially useful, it is of limited use in cases of massive bleeding. We describe a case where an urgent placement of a Minnesota tube prevented a fatal outcome.

**Description:**

A 55-year-old male, with alcoholic cirrhosis, portal hypertension, and Grade 2 esophageal varices status-post recent banding, was admitted with massive hemetemesis needing intubation. He progressed to hypovolemic shock despite large-volume resuscitation with crystalloids and blood products. His hemoglobin was 6.9 g/dL post transfusion with 12 units of packed red blood cells. His blood pressure was supported on three vasopressors. Despite medical management with octreotide and pantoprazole infusions, the bleeding did not cease. An endoscopy was deferred due to hemodynamic instability. A Minnesota tube was inserted orally and held under traction using a one-liter saline bag. The bleeding noticeably improved and a transjugular portosystemic intrahepatic shunt procedure was done, leading to control of bleeding. Necrosis at the banding site was later identified to be the cause of bleeding.

**Discussion:**

A Minnesota tube (MT) is similar to a Sengstaken-Blakemore tube with the exception of having an extra esophageal aspiration port. Both tubes were designed for temporary control of refractory variceal bleeding. However, their use has declined in most critical care settings due to the advent of endoscopy, high complication rate and lack of experience. The MT consists of an elongated latex tube with 4 ports and 2 inflatable balloons – a distal gastric and a proximal esophageal balloon. Both tubes can be inserted nasally or orally. The gastric balloon is inflated with 200 cc of air. Its placement is confirmed with an abdominal radiograph and continuous traction is applied using a 1L saline bag. The esophageal balloon is only inflated if there is no control of bleeding. The compression the vessels at the gastroesophageal junction causes cessation of bleeding. Complications include aspiration pneumonia and esophageal pressure necrosis.