

Rigid esophagoscopy combined with angle endoscopy in the



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Endoscopic management of suspected esophageal foreign body in adults Article in Diseases of the Esophagus 24(3):131-7 · October 2010 with 33 Reads How we measure 'reads'

Esophageal emergencies: WSES guidelines | World Journal of ...

<https://wjcs.biomedcentral.com/articles/10.1186/s13017-019-0245-2> ▾

May 31, 2019 · The **esophagus** traverses three body compartments (neck, thorax, and abdomen) and is surrounded at each level by vital organs. Injuries to the **esophagus** may be classified as **foreign body** ingestion, caustic ingestion, esophageal perforation, and esophageal **trauma**. These lesions can be life-threatening either by digestive contamination of surrounding structures in case of esophageal wall ...

Cited by: 1

Author: Mircea Chirica, Michael D. Kelly, Stefano ...

Publish Year: 2019

Author: Mircea Chirica

Flexible versus rigid esophagoscopy: A practical ...

https://www.researchgate.net/publication/232178675_Flexible_versus_rigid_esophagoscopy...

Flexible versus **rigid esophagoscopy**: A practical comparison for otolaryngologists Article in Current Opinion in Otolaryngology & Head and Neck Surgery 8(3):227-231 · June 2000 with 1,152 Reads

Author: L. Mark Gustafson, Thomas Tami

THORACICS Flashcards | Quizlet

<https://quizlet.com/27229309/thoracics-flash-cards> ▾

THORACICS. 1) The junction of the **esophagus** with the pharynx in the neck 2) The **superior mediastinum** where the **esophagus** is crossed by the arch of the aorta 3) The **posterior mediastinum** where the **esophagus** is compressed by the left main bronchus 4) The **posterior mediastinum** at the **esophageal hiatus** in the diaphragm.

Penetrating Chest Trauma - Medscape

<misc.medscape.com/pi/iphone/medscapeapp/html/A425698-business.html> ▾

The majority of esophageal injuries are due to penetrating **trauma** from a variety of instruments (ie, iatrogenic **trauma**). Recognizing injury to the **esophagus** following **trauma** is difficult because of the rarity of injuries to this organ, the paucity of clinical signs in the initial 24 hours, and the frequent presence of multiple other injuries.

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1 Rigid esophagoscopy combined with angle endoscopy in the treatment for
2 superior mediastinal foreign bodies penetrate into the esophagus caused by
3 neck trauma: A case report

4 Dong Wang, Chao-Bing Gao

5

6

7 **Abstract**

8 **BACKGROUND**

9 Superior mediastinal foreign bodies originate from sharp perforations of the
10 esophageal foreign body. Herein, we report a case where a foreign body
11 entered the upper mediastinal cavity from the cervical root and subsequently
12 the esophagus. Surgery is the preferred treatment method, and operational
13 procedures depend on the size and location of the foreign body relative to the
14 mediastinal vessels. Rigid esophagoscopy combined with angle endoscopic
15 surgery was selected to avoid surgical trauma and complications.

16

17 **CASE SUMMARY**

18 A 63-year-old male patient with a 6-mo old history of neck trauma presented
19 with a black-brown foreign body in the lateral wall of his esophagus. Neck and
20 chest computed tomography (CT) revealed that two superior mediastinal
21 foreign bodies penetrated the esophagus diagonally. We removed two foreign
22 bodies through an esophagoscope. Owing to the rigid working channel of the

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(PDF) Esophageal Foreign Body: Treatment and Complications

https://www.researchgate.net/publication/326605519_Esophageal_Foreign_Body_Treatment...

Complications of esophageal foreign bodies. (A) The esophageal endoscopy shows esophageal ulcer with perforation caused by fish bone. (B) Endoscopic treatment of the perforation site was performed ...

Author: Sun-Jin Boo, Heung Up Kim

Esophageal perforation: diagnostic work-up and clinical ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3219576>

Oct 30, 2011 · Thus, diagnostic work-up should be performed as soon as esophageal perforation is considered a tentative diagnosis based on symptoms, signs, the patient's recent history (e.g. use of medical instruments or interventions in the esophagus, episodes of acute vomiting, ingestion of foreign bodies or agents) and careful clinical examination.

Cited by: 124

Author: Jon Arne Søreide, Jon Arne Søreide, Asg...

Publish Year: 2011

Neck Trauma - Medscape

<https://img.medscape.com/pi/iphone/medscapeapp/html/A827223-business.html> ▼

Standing protocols dictating the treatment of patients with neck trauma must be in place. Such guidelines should indicate which patients require emergent surgery, transfer, or further workup. A major disadvantage of exploring all penetrating neck injuries with platysma violation is a nontherapeutic exploration in approximately 50% of cases.

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<https://quizlet.com/22376334/surgery-nmspestanapretestlangeuworld-flash-cards> ▼

Management: It should have been prevented by keeping the pH of the stomach above 4 with H2 blockers, antacids or both; but once the bleeding takes place the diagnosis is made as usual with endoscopy. Treatment may require angiographic embolization of the left gastric artery.

Penetrating Chest Trauma - Medscape

<misc.medscape.com/pi/iphone/medscapeapp/html/A425698-business.html> ▼

The majority of esophageal injuries are due to penetrating trauma from a variety of instruments (ie, iatrogenic trauma). Recognizing injury to the esophagus following trauma is difficult because of the rarity of injuries to this organ, the paucity of clinical signs in the initial 24 hours, and the frequent presence of multiple other injuries.