PHARYNGO-ŒSOPHAGEAL PROSTHESIS

By T. A. CLARKE (Canterbury)

IN this patient, with a large post-operative pharyngostome, an oro-œsophageal tube, designed for temporary wear to carry a Thiersch graft, has been successfully used over a long period, sealing the salivary leak and permitting normal taking of food.

The tube used is that described by Shaw and Ormerod in 1957*, a modification of one designed by Negus.

Mr. E.P., aged 71, had extensive intrinsic carcinoma of the larynx persisting

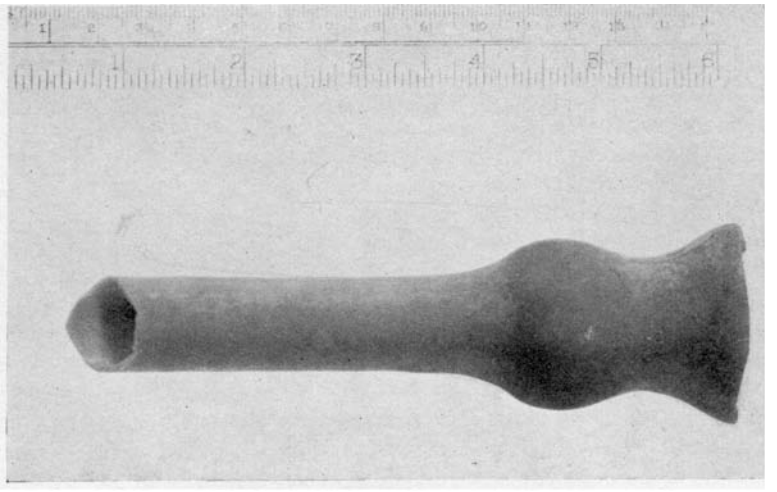


FIG. 1
Photograph of tube used.

after a full course of deep X-ray therapy (6,000 r. at 250 kv. in 76 days). Total laryngectomy was performed on *28.3.57*; no removal of pharynx or of cervical glands was necessary; a U incision was employed in this case although normally in my view a side turned H incision is to be preferred in post-radiation cases. The wound broke down extensively, and a large pharyngostome formed; tube feeding remained necessary and much care was needed to minimize the inhalation of saliva.

After three months the help of a prominent unit of plastic surgery was sought, but repeated operations there failed to secure any closure; this was attributed to the effects of radiation and to obstinate vomiting by the patient

* SHAW H. J. and ORMEROD, F. C. (1957) *J. Laryng.*, **71**, 175.

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after every operation. The patient returned in *October, 1957*; he was in considerable distress; all feeding had to be by tube; free leakage of saliva made necessary frequent suction, despite which much was finding its way down the trachea. His weight had dropped to 6 st. 12 lb.

On *October 29th, 1957*, a portex tube was inserted, after suitable trimming; the tube reached from the base of the tongue to just above the thoracic inlet. The effect was dramatic; salivary leakage ceased immediately, and within a few days the patient was able to take food normally by mouth. His general

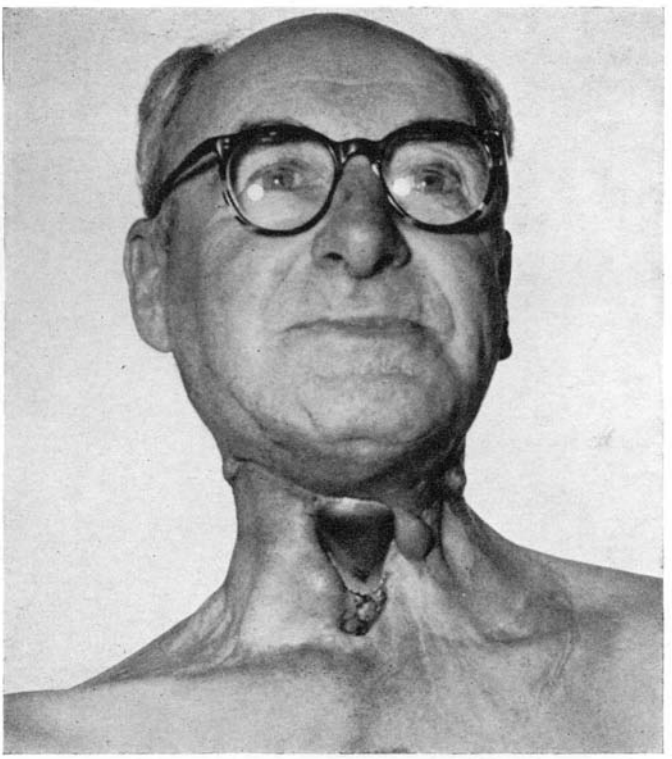


FIG. 2
Photograph of patient with tube *in situ*.

condition rapidly improved, and he gained 25 lb. in weight in six weeks. He returned home, continuing his improvement, enjoying life, and reaching a weight of 10 st. 10 lb., a total gain of 54 lb.

The tube was worn unchanged for seven months, when mucosal and tissue reaction made a change desirable. A similar tube was inserted after a few days interval; this tube has been worn four months, and at the time of writing a second change is being made.

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The illustrations show the tube actually used, and the patient with the tube *in situ*; the scars of the various plastic procedures are seen, as is some slight crusting of the posterior wall of the tracheostome; these did not conceal any evident disease.

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