

Sengstaken-Blakemore tubes: a rescue system during liver transplantation

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A 52-year-old woman has undergone liver transplantation (LT) owing to fulminant viral hepatitis, MELD 42.

The first cadaveric graft allocated was a large-for-size graft.

LT was performed with a piggyback side-to-side cavocaval anastomosis.

At the end of the procedure, the removal of the abdominal retractor produced, due to a narrow ribcage, a caval compression with liver congestion because of a reduced caval outflow.

A weak cardiac preload led to a decreased central venous pressure with hemodynamic instability.

To rescue the graft, as first described by Steinbruck *et al.* in 2010, we used two Blackmore tubes inflated with 300 cc of sterile water each, placed into the retrohepatic, subdiaphragmatic space (*Figure 1A,1B*).

Blakemore tubes were progressively deflated from postoperative day 5 to day 10 when the tubes removal was possible.

A CT-scan was performed at postoperative day 10

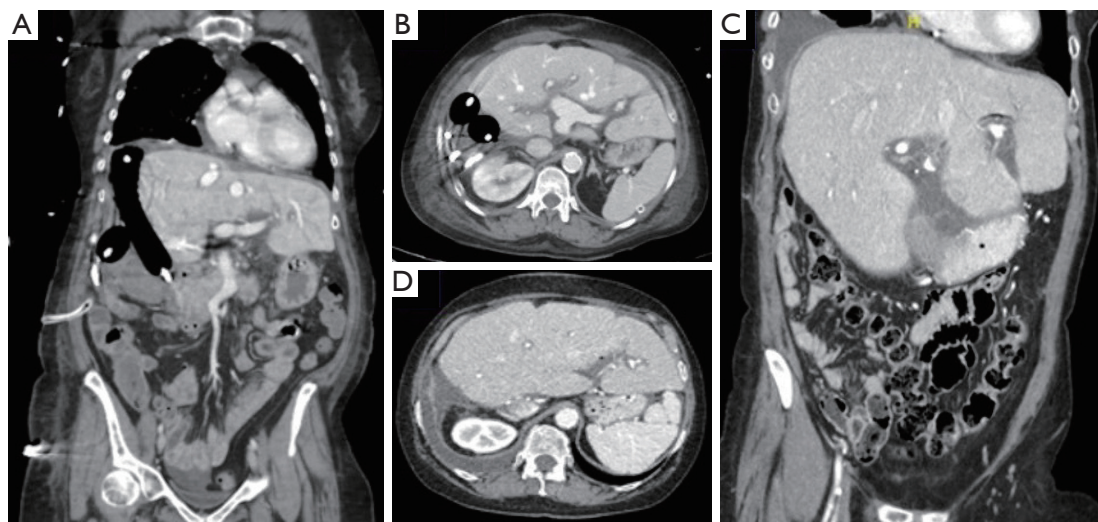


Figure 1 Postoperative CT scan image, at the postoperative day 2, showing the Blakemore tubes placed during liver transplantation to rescue the caval outflow (A,B). Control CT scan after Blakemore tubes removal at the postoperative day 10 (C,D).

(Figure 1C,1D).

Postoperative Doppler-ultrasound confirmed the absence of caval obstruction and hepatic veins patency.

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Footnote

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conflict of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

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