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Successful Surgical Treatment of Anterior Fusion Implants Injury of the Cervical Esophagus: Two Case Reports

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We report of two patient's cases, who underwent anterior cervical fusion for polytrauma due to car accident. The patients suffered very rare complications of the surgery: cage dislocation into the cervical esophagus in first case and injury of esophageal wall with fistulae formation in the second one. By surgical treatment the extraction of the cage, removal the ventral plate and repair of the esophageal wall defect were performed. To prevent failure of the sutures placed on the wound of the esophagus, the method of covering the suture line with a pedicled flap cut from the medial portion of the sternocleidomastoid muscle was used. Feeding gastrostomy was also created. The control X-Ray examination was performed at 6th p/o day, which reveals no extravasation and free passage of contrast to the stomach. We consider, that the method of covering the suture line by pedicled flap from sternocleidomastoid muscle in cases of difficult suturing of defects of the cervical esophagus, is a good surgical option. Surgeons should be aware of the risk of implant injury of esophageal wall and cage dislocation of cervical fusion procedure.