



Spontaneous perforation

Clinical examination
Resuscitation
Imaging & endoscopy

Non-contained perforation with
severe mediastinal contamination

Contained rupture with minimal mediastinal
contamination
or
Late presentation in a patient in good clinical
condition

Thoracotomy,
debridement
and irrigation

**No
improvement**

Nil per mouth
Antibiotics i.v.
Nasogastric decompression
Enteral tube-nutrition/
total parenteral nutrition
Tube thoracostomy
Carefull clinical observation

Early
presentation,
primary repair
suitable

Late
presentation,
unsuitable for
primary repair

Primary repair
± reinforcement

T-tube fistula or
Resection

Feeding jejunostomy
Optimal intensive care(ICU)

Improvement

Recovery