Spontaneous perforation

Non-contained perforation with severe mediastinal contamination

Thoracotomy, debridement and irrigation

Early presentation, primary repair suitable
- Primary repair ± reinforcement
- Feeding jejunostomy
- Optimal intensive care (ICU)

Late presentation, unsuitable for primary repair
- T-tube fistula or Resection

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

No improvement

Clinical examination
- Resuscitation
- Imaging & endoscopy

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

Improvement

Recovery