A 67-year-old man was admitted to the hospital after an acute syncope. The patient had undergone a heart transplantation 2 years earlier and presented with ascites, peripheral edema, and jugular venous distension. Echography revealed high-grade tricuspid regurgitation, and the patient was scheduled for replacement of the tricuspid valve. Directly after an uncomplicated surgical procedure, a routine nasal gastric tube was placed. The insertion was smooth and showed no resistance. The standard assessment to verify the correct location is to insufflate air into the tube while auscultating the stomach. Although nothing was heard over the gastric area, extensive emphysema occurred around the face and neck. The gastric tube was left in place, and computed tomography (nonorthogonal plane [Fig 1A] and multiplanar three-dimensional reconstruction [Fig 1B and C]) revealed a perforation of the oropharynx with a reverted gastric tube lying in the esophageal tract. The tube was removed, and an interdisciplinary consultation decided on a conservative healing approach.

In our patient’s case we wish to emphasize the complications of the widely used procedure of inserting a gastric tube, especially in the narcotized patient, and highlight the possibilities and accuracy of three-dimensional reconstruction by computed tomography, which can enable a correct diagnosis.