The patient is a 68-year-old male with a history of esophageal adenocarcinoma (ypT3N1M0) treated with neoadjuvant chemotherapy and esophagectomy by a minimally invasive Ivor Lewis technique (abdominal phase) one year before.

He came to our Emergency Department due to abdominal pain, vomiting and constipation over the course of the previous 3 days. During examination, he presented dyspnea, abdominal pain upon palpation (especially in the right abdomen), guarding and signs of peritoneal irritation.

Chest radiography showed a supradiaphragmatic air bubble [Fig. 1]. Therefore, a computed tomography scan was performed, which revealed ascension of the transverse colon through the esophageal hiatus with distension of the right colon and collapse of the left colon [Fig. 2].