PICTURES IN DIGESTIVE PATHOLOGY

Tracheo-esophageal fistula in a patient with esophageal cancer and stent

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Fig. 1.-

Fig. 2.-

According to the articles reviewed, about 5-13% of patients with esophageal cancer develop fistula (1,2). It is a severe complication that can be associated with a dramatic course of illness and may be followed by respiratory infection, which may ultimately end up in sepsis and death (3).

We report the case of a 56-year-old patient, who was diagnosed on September 2003 with a squamous-cell esophageal cancer located at the junction of the middle and upper thirds of the esophagus. Once surgery was discarded, he was put on neoadjuvant chemotherapy with cisplatin/flourouracil following the Al-Sarraf's regimen from October 2003 until January 2004; response to this treatment was very poor. Later, since January 2004, he developed cavitated pneumonia at the lower portion of the right lobe with a torpid course, for which he needed antifungal treatment. On May 2004, a tracheo-esophageal fistula was found, so a stent was inserted in this place. Afterwards illness progressed, and the patient received palliative radiotherapy.

A tracheo-esophageal stent does palliate dysphagia in most cases, but early complications such as displacement or wall impaction may occur (2), and its benefit on survival remains to be demonstrated (4). Fistulas are diagnosed most often with a barium transit, as in our case; in addition, we ordered a scan to better study fistula characteristics, which is shown in the pictures attached.

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