A CASE OF ACQUIRED TRACHEO-ESOPHAGEAL FISTULA WITH DOUBLE STENTING
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BACKGROUND
The close anatomical relationship between the esophagus and bronchial tree results in formation of an esophago-tracheal fistula in a subset of patients with advanced oesophageal or lung cancer. Acquired tracheoesophageal fistula is a rare entity and occurs as a result of malignancy, trauma, granulomatous infection, any previous surgery of trachea and esophagus. Symptoms include uncontrolled coughing after swallowing, dysphagia. The majority of acquired fistulas occur at cervicothoracic junction. In those patients stenting of both the esophagus and trachea is a valid option of palliative treatment.

CASE PRESENTATION
A 68 year male who is known case of metastatic carcinoma of right lung cT4N2 squamous cell carcinoma diagnosed in november 2020 under went 4 cycles of chemotherapy with docetaxel and carboplatin and five weekly cisplatin and proton radiotherapy in february 2021. Now presented cough immediately on intake of food and dysphagia to solids and liquids since one week. Blood investigations were unremarkable. Endoscopy was done which showed a fistulous opening in esophagus at 25 cms from incisors. Brochoscopiy showed trachea esophageal fistula in distal portion of trachea just above the carina with purulent secretion seen in right lower lobe of lung. A multidisciplinary approach with initial tracheal stenting and then esophageal stenting was done. Tracheal Y stent was deployed followed by Wall flex esophageal covered stent was deployed covering the defect under endoscopic and fluoroscopic guidance. Postoperatively period was uneventful and patient was symptomatically better able to tolerate oral intake and there is no coughing further.

DISCUSSION
Esophageal tracheal fistula is a severe complication of advanced esophageal or bronchial carcinoma. Its occurrence is estimated at 0.9 to 18%, resulting from the direct neoplastic infiltration and necrosis between the esophagus, bronchi and mediastinum. Double stenting of the esophagus and trachea is a gold standard of treatment. Introduction of self expanding esophageal and airway stent enables simultaneous double stenting in patients with malignant esophageal tracheal fistula. Double stenting enables the patient to breathe normally, facilitates oral nutrition and improves the quality of life.

CONCLUSION
In conclusion double stenting as a palliative approach in case of fistula and/or malignant airway wall involvement. Preventive approach in case of an extrinsic tracheal or bronchial compression is very helpful as a palliative procedure. Double stenting may prevent secondary emergency situations and recurrent high hospitalization rates.

REFERENCES