Iatrogenic Tracheoesophageal Fistula

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A 60-year-old woman presented with difficulty in breathing due to tracheal compression from limited stage small cell lung cancer (Fig. 1*A*). A prophylactic Niti-S stent (Taewoong Medical, Seoul, Korea) was deployed in the distal trachea before chemoradiotherapy. She then completed six cycles of carboplatin/etoposide chemotherapy over 5 months and mediastinal radiotherapy to a dose of 40 Gy in 15 fractions over 3 weeks. Three months after completion of her chemoradiotherapy, she developed irritating persistent cough. Computed tomography examination demonstrated a large tracheoesophageal fistula at the distal end of the stent (Fig. 1*B*) with bilateral consolidation due to aspiration. The fistula was bypassed by a 20/30 mm carinal Y Nitinol stent (Micro-Tech Europe, Nanjing, China; Fig. 1*C*) across the carina but the patient died due to worsening of acute respiratory distress syndrome. Iatrogenic tracheoesophageal fistula can be a fatal complication of endobnting, especially in patients having chemoradiotherapy.

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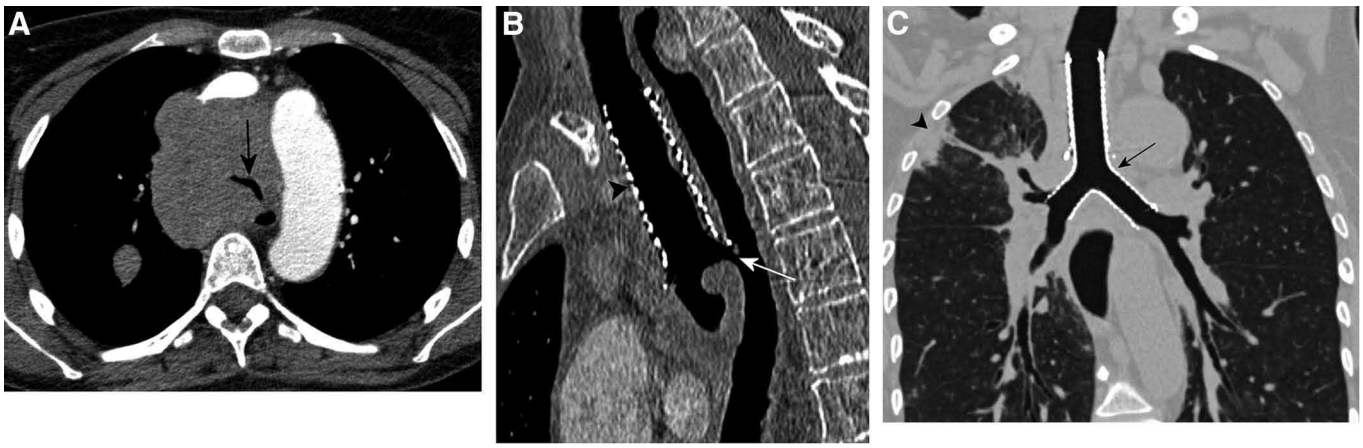

FIGURE 1. *A,* Transaxial CT image showing extensive mediastinal soft tissue mass causing severe tracheal compression (black arrow). *B,* Sagittal CT image reconstruction elegantly demonstrates the tracheoesophageal fistula (white arrow) and tracheal stent (arrowhead). *C,* Coronal CT image depicts the "Y" stent (arrow) and parenchymal changes in right upper lobe secondary to aspiration (arrowhead).