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. 1A). 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. 1B) 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. 1C) across the carina but the patient died due to worsening of acute respiratory distress syndrome. Iatrogenic tracheoesophageal fistula can be a fatal complication of endobronchial chemotherapy, especially in patients having chemoradiotherapy.