Bronchoesophageal Fistula in a Patient With Stage IIIB Non–Small-Cell Lung Cancer

Grzegorz Korpanty, MD, PhD, Scheryll Alken, MD, Lillian Smyth, MD, John Greene, MD, Aya El-Helali, MD, Liam Grogan, MD, and Oscar S. Breathnach, MD

A 65-year-old male patient with stage IIIB non–small-cell lung cancer (squamous cell carcinoma) treated with palliative chemotherapy (carboplatin area under the curve = 5 Day 1, gemcitabine 1250 mg/m^2 Day 1, Day 8 every 21 days), presented on day 10 after cycle 3 of chemotherapy with progressive worsening, including shortness of breath, cough upon drinking fluids, and fever. His pretreatment staging computed tomography (CT) scan showed bulky subcarinal and mediastinal lymphadenopathy (Fig. 1A, white arrow). Upon presentation with the above symptoms, a computed tomography scan of the thorax showed the presence of a fistula (Fig. 1*B*, white arrow) between the esophagus (single asterisks) and left main bronchus (double asterisks) with evidence of aspiration pneumonia. Subsequently, a bronchial stent was placed in the left main bronchus (Fig. 1*C*, white arrows) with improvement of his symptoms. The patient did not receive any further systemic treatment because of worsening performance status. He was discharged to the community palliative care team for further management and died 3 months after his presentation and stent placement.

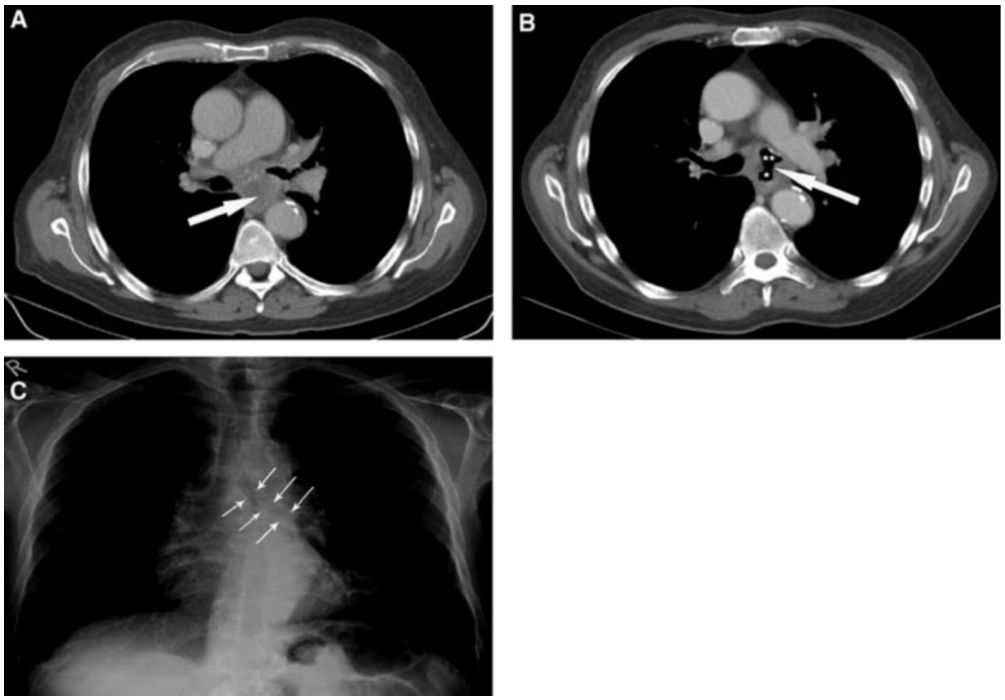

FIGURE 1. *A,* Bulky subcarinal and mediastinal lymphadenopathy (white arrow) on staging CT scan before systemic chemotherapy. *B,* Fistula (white arrow) between esophagus (single asterisks) and left main bronchus (double asterisks). *C,* Endobronchial stent in the left main bronchus (white arrows).

Department of Medical Oncology, Beaumont Hospital, Dublin, Ireland.
Disclosure: The authors declare no conflict of interest.
Address for correspondence: Grzegorz Korpanty, MD, PhD, Department of Medical Oncology, Beaumont Hospital, Beaumont Road, Dublin 9, Ireland. E-mail: greg.korpanty@gmail.com

ISSN: 1556-0864/12/0710-1622