Retroversion of the esophagoscope to find a bronchoesophageal fistula inside an esophageal diverticulum in a patient with achalasia

Case description

A 28-year-old male patient with a childhood history of pulmonary tuberculosis who had undergone pneumatic balloon dilatation 2 years previously for achalasia (▶ Fig. 1) presented with a 1-year history of cough during meals. Esophagoscopy performed for suspicion of tracheoesophageal fistula showed esophageal dilatation and a small diverticulum in the mid-esophagus (▶ Fig. 2). Bronchoscopy showed a fistulous opening in the left main bronchus, for which a fully-covered metal stent was placed inside the bronchus (▶ Fig. 3). Four months later, esophagoscopy was performed to confirm fistula closure. Because forward-viewing esophagoscopy did not reveal a fistulous opening, a careful retroversion and slow withdrawal of the esophagoscope was performed (▶ Video 1). It revealed a fistulous opening at the apex of the diverticulum in the mid-esophagus (▶ Fig. 4).

Bronchoesophageal fistula is a rare condition and can be congenital or acquired [1]. Usually, bronchoesophageal fistula is visualized on forward-viewing esophagoscopy. But if a fistulous opening is inside the esophageal diverticulum, it is difficult to appreciate it on forward-viewing esophagoscopy, and retroversion of the endoscope can be tried in the dilated esophagus. This case is unique in many aspects in that: 1) bronchoesophageal fistula is rare inside an esophageal diverticulum [2]; 2) association with achalasia is rare [3]; and 3) visualization was possible on retroversion of the
esophagoscope. Caution should be exercised, however, while performing retroversion during esophageal endoscopic examination, as the limited space may lead to complications.

Competing interests
The authors declare that they have no conflict of interest.

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