Rendezvous technique using bronchscopy and gastroscopy to close a tracheoesophageal fistula by placement of an over-the-scope clip

A 23-year-old man with polytrauma was admitted to the intensive care unit for level 3 postoperative support. His medical history included VATER syndrome [1] with corrective surgery for the tracheoesophageal fistula (TEF). Ventilatory support according to ARDSNet criteria in the acute phase was complicated by a persisting air leak and significant gastric distension, raising the possibility of a residual TEF. An initial gastroscopy failed to show a fistulous opening. A Ryle’s tube for gastric air drainage and nasojejunal tube for enteral feeding were left in situ. Flexible bronchoscopy through the endotracheal tube showed a flap with access to the esophagus from the bronchial tree just above the carina, confirming the clinical suspicion of a TEF.

At repeat endoscopy, the site of the communication was not immediately apparent but a mucosal flap was noted in the upper esophagus (Fig. 1a). We performed a rendezvous bronchoscopy and identified a 1-cm fistulous opening in the esophagus at 26 cm from incisors (Fig. 1b). This was successfully closed using an over-the-scope clip (OTSC; Ovesco, Tübingen, Germany) (Fig. 1c). The feeding nasojejunal tube was placed endoscopically at the end of the procedure.

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