Multimodal endoscopic treatment of primary esophago-pleural fistula

A 48-year-old man was admitted to our hospital following the onset of cough, fever, and shortness of breath. Clinical history included psychotic syndrome and recurrent erosive esophagitis. In the emergency room, a chest radiograph showed right pleural effusion. However, despite full conservative management, his condition worsened rapidly. A computed tomography scan revealed communication between the distal esophageal lumen and the right pleural space (Fig. 1). Subsequent upper endoscopy showed extensive ulceration of the esophageal wall, with a small orifice at its distal part (Fig. 2). An over-the-scope clip (OTSC, 12 mm, traumatic type; Ovesco Inc., Tübingen, Germany) was deployed over the orifice (Video 1). To ensure complete occlusion of the defect, a colonic partially covered metal stent (Niti-S, 22 mm × 10 cm; Taewoong Medical, Inc., Gyeonggi-do, South Korea) was positioned, protecting the orifice against gastroesophageal reflux (Fig. 3). The patient improved during the subsequent 30 days, and 2 months later, the metal stent was removed using a “stent-in-stent” technique. Subsequent upper endoscopy showed complete healing of the esophageal wall even though the OTSC was no longer in place.

Primary benign esophago-pleural fistula is a rare but challenging condition, burdened by a high mortality and often requiring surgical treatment [1]. Self-expandable metal stents are well known therapeutic techniques used in the management of leaks and fistulas involving the esophageal wall or anastomosis [2]. Furthermore, the OTSC represents a new endoscopic approach for the closure of upper gastrointestinal leaks and fistulas [3]. However, as in the case described above, a tailored and multimodal approach (stent and OTSC) could be safer and more effective than a single modality, avoiding the need for surgery [4, 5].

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Helga Bertani, Giuseppe Grande, Vincenzo Giorgio Mirante, Isabella Franco, Santi Mangiafico, Raffaele Manta, Rita Luisa Conigliaro

Gastroenterology and Digestive Endoscopy Unit, NOCSAE Hospital, Modena, Italy

Computed tomography scan and endoscopic view identified an esophago-pleural fistula. Combined treatment with an over-the-scope clip (Ovesco Inc., Tübingen, Germany) and stent placement was performed. Two months later, an upper tract radiograph and an upper endoscopy revealed complete healing of the fistula.
References
4 González-Haba M, Ferguson MK, Gelrud A. Spontaneous esophageal perforation (Boerhaave syndrome) successfully treated with an over-the-scope clip and fully covered metal stent. Gastrointest Endosc 2016; 83: 650

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Corresponding author
Giuseppe Grande, MD
Gastroenterology and Digestive Endoscopy Unit
NOCSAE Hospital
via Pietro Giardini 1355
Baggiovara di Modena 41126
Italy
Fax: +39-059-3961216
giuseppegrande1984@gmail.com