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EDITOR'S QUIZ: GI SNAPSHOT

Tracheal-oesophageal fistula in a patient with lung cancer

Robin Spiller, Editor

Clinical presentation

A 37 year old woman presented with a two month history of a cough. A computed tomography (CT) scan performed in a local hospital demonstrated a mass of the left hilum of the lung and bronchoscopic biopsy confirmed the diagnosis of lung cancer. The patient underwent infusion of antitumour drugs into the bronchial artery and embolisation.

Three weeks postoperatively, the patient developed a cough with sputum, fever, and evidence of aspiration. Five days prior to transfer to our hospital, she deteriorated in spite of antibiotics and full supportive treatment. On arrival, her CT scan demonstrated consolidation in both lower lungs. Subsequently, a non-ionic water soluble contrast swallow examination confirmed a fistula (fig 1). It was evident that the fistula was responsible for the patient's serious symptoms and lung infection.

Question

What was the likely cause of the fistula?

See page 1305 for answer

This case is submitted by:

Y S Guan
Y Liu

Department of Radiology, West China Hospital, Sichuan University,
Chengdu, Sichuan Province, China

Figure 1 Non-ionic water soluble contrast swallow of the oesophagus (left anterior oblique position). At the T₅ level, the contrast agent extravasated forward into the tracheal cavity (arrow).

Correspondence to: Dr Y S Guan, Department of Radiology, West China Hospital, Sichuan University, 37# Guoxuexiang Street, Chengdu 610041, Sichuan Province, China; YongsongGuan@yahoo.com

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