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EDITOR'S QUIZ: GI SNAPSHOT

Oesophagogastric fistula: a post-operative complication

Robin Spiller, *editor*

Clinical presentation

A 41-year-old man was diagnosed with gastro-oesophageal reflux disease (GORD) in 1993 when he took part in a clinical study. He was on H₂ receptor antagonists and then proton-pump inhibitors until he was referred to the surgical clinic in 2001 for worsening reflux symptoms.

An upper gastrointestinal endoscopy was performed, which showed a large sliding hiatus hernia, a Barrett's mucosa 3 cm in length, and distal gastritis. Oesophageal pH studies and manometry showed marked reflux disease and impaired motility in the distal oesophagus. A preoperative barium swallow showed a sliding hiatus hernia, considerable oesophageal reflux and erosions in the stomach.

The patient underwent trans-abdominal Lind fundoplication in 2003. He was discharged from the clinic after a full recovery. Eleven months after his surgery, he presented with recurrent severe reflux symptoms. He had a gastroendoscopy and a barium meal (figure 1).

Question

What is the diagnosis?

See page 1231 for answer

This case is submitted by:

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Figure 1 Oesophagogastric fistula shown after double-contrast barium ingestion.

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