Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

removed 2 months later. At 10 months' follow-up, the patient was asymptomatic, and the liver function tests were within the normal ranges.

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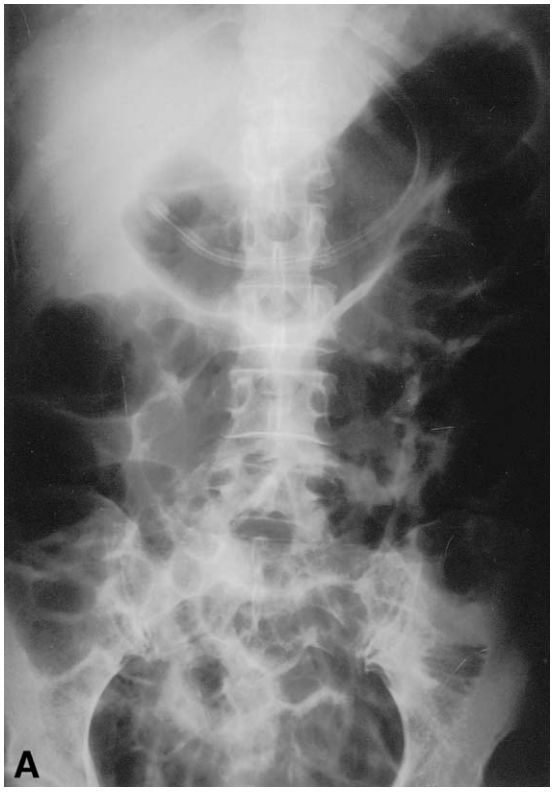
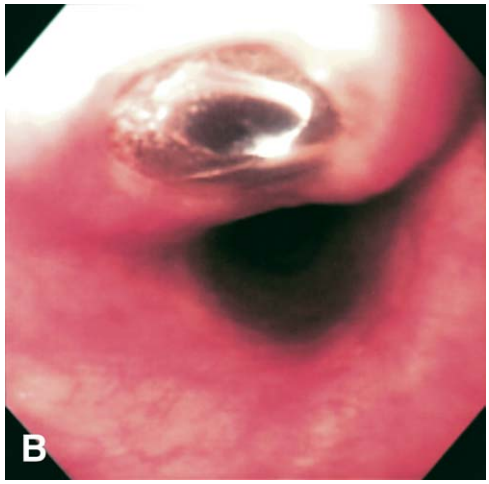
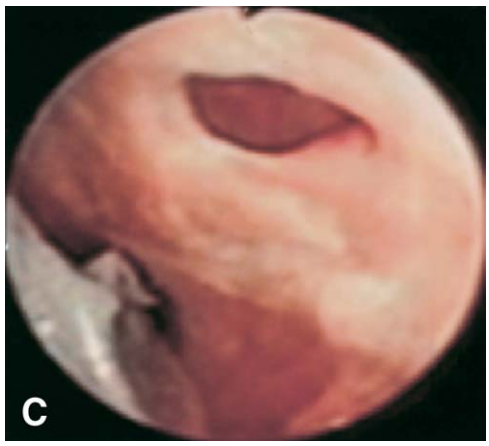
TRACHEOESOPHAGEAL FISTULA







A 56-year-old woman with severe acute respiratory syndrome (SARS) in May 2003, was intubated and put on a mechanical ventilator because of persistent pulmonary inflammation with respiratory failure. After a 2-month intubation, tracheostomy was performed. Mechanical ventilation was weaned gradually; however, there was extensive bowel distention, as shown by plain radiography of the abdomen (**A**). Additional regular episodic hyperactive bowel sounds were audible at the epigastric area. Suspecting a tracheoesophageal fistula, endoscopy was performed; an orifice, measuring 1.0 cm in diameter, at 18 cm below the incisors, with part of the endotracheal tube balloon visible at the orifice (**B**) was found with intermittent air bubbles emanating from it. Bronchoscopy also revealed a 1.0-cm orifice at 6 cm below the vocal cord (**C**). The patient was referred for surgical repair of the fistula. Endoscopists should recognize the possibility of a tracheoesophageal fistula in patients with a distended abdomen and prolonged use of an endotracheal tube with mechanical ventilation support.

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