

Endoscopic treatment of tracheoesophageal fistula using the over-the-scope-clip system

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An 84-year-old man with dysphagia was referred to our hospital for examination. The patient's medical history included endoscopic submucosal dissection for superficial esophageal cancer 2 years previously. Gastrointestinal endoscopy revealed an esophageal foreign body, a press-through pack (PTP) (Fig. 1A). The PTP was successfully removed endoscopically. After extraction of the PTP, the patient presented with continuous fever and a cough. Gastrointestinal endoscopy and fluoroscopy revealed a tracheoesophageal fistula in the esophagus (Fig. 1B,C). The tracheoesophageal fistula was endoscopically closed with the Over-The-Scope Clip (OTSC) system (Fig. 2A). The patient's symptoms were immediately improved. Gastrointestinal endoscopy after 2 months revealed a scar with complete fistula closure (Fig. 2B).

The management of tracheoesophageal fistulas is associated with high morbidity and mortality and remains an interdisciplinary challenge. For patients with benign tracheoesophageal fistulas, treatment is always initially supportive, followed by definitive surgical correction [1]. The OTSC system is a new technique that is becoming established as a reliable method for the endoscopic closure of fistulas, bleeds, perforations and other gastrointestinal lesions [2]. The major benefits of the OTSC are its speed and ease of

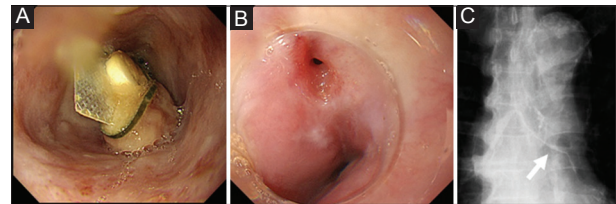


Figure 1 (A) Gastrointestinal endoscopy revealed an esophageal foreign body, a press-through pack. (B) Esophageal orifice of the tracheoesophageal fistula. (C) Fluoroscopy revealed a tracheoesophageal fistula (arrow)

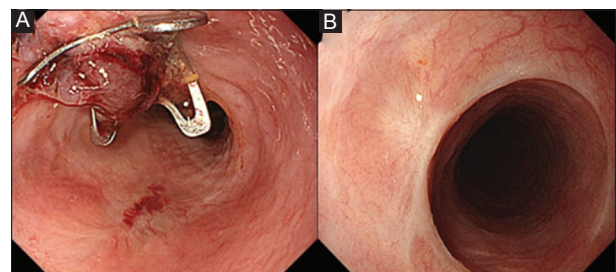


Figure 2 (A) The fistula was closed endoscopically using the over-the-scope clip system. (B) Scar of complete fistula closure

deployment, and the persistent sealing of tracheoesophageal fistulas.

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