

An Unusual Solution in a Case of Dislodgement of a Cuffed Esophageal Prosthesis

The presence of a fistula in the respiratory tree imposes the introduction of a prosthesis as the only therapeutic option (1). In order to obtain an adequate closure of the fistulous orifice, a model of a prosthesis which exhibits a system similar to that of the "cuff" in the endotracheal tubes has been described (2).

A 70-year-old man was admitted for dysphagia and cough. Etiological investigation revealed a squamous cell carcinoma of the cervical esophagus. The radiological examination showed fistulization into the respiratory tree, and a cuffed prosthesis was introduced. After a period of improvement, the patient again complained of cough. Radiological examination revealed that the prosthesis had migrated to the lower third of the esophagus and that the fistulous passage was manifest (Figure 1). A second cuffed prosthesis was introduced and placed about 2 cm from the first (Figure 2). This second prosthesis was found to be effective in closing the fistulous orifice. The patient was discharged able to swallow mashed foods and died four months later.

Fistulization of malignant neoplasms of the esophagus in the respiratory tree causes important problems with regard to therapy. Cuffed prostheses, molded to the esophagus wall, permit total sealing of the fistulous orifice (2,3). The case discussed here serves to emphasize that spontaneous migration of this type of prosthesis is possible. The implantation of another prosthesis, with effective closure of the fistulous passage, was the only option. It should further be stressed that the presence of the two prostheses in the esophagus had no effect on the survival of this patient as four months agrees with the average survival time reported in the literature (4,5).

P. Figueiredo, I. Cotrim, H. Gouveia, D. Freitas
Department of Gastroenterology, University Hospital of Coimbra, Coimbra, Portugal

References

1. Tytgat G: Endoscopic therapy of esophageal cancer: possibilities and limitations. *Endoscopy* 1990; 22: 263–267.
2. Lux G, Wilson D, Wilson J, Demling L: A cuffed tube for the treatment of oesophago-bronchial fistulae. *Endoscopy* 1987; 19: 28–30.
3. Hordijk M, Dees J, Blankenstein M: The management of malignant esophago-respiratory fistulas with a cuffed prosthesis. *Endoscopy* 1990; 22: 241–244.
4. Fugger R, Niederle B, Jantsch H, et al.: Endoscopic tube implantation for the palliation of malignant esophageal stenosis. *Endoscopy* 1990; 22: 101–104.
5. Loizou L, Grigg D, Atkinson M, et al.: A prospective comparison of laser therapy and intubation in endoscopic palliation for malignant dysphagia. *Gastroenterology* 1991; 100: 1303–1310.

Corresponding Author

Pedro Figueiredo
Serviço de Gastreenterologia
Hospitais da Universidade de Coimbra
3000 Coimbra
Portugal



Figure 1: Prosthesis in the lower third of the esophagus, with manifest fistulous passage.



Figure 2: Endoscopic view of the two prostheses.