

Successful endoscopic clipping and application of fibrin glue for an esophago-mediastinal fistula after an esophagectomy.

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Abstract:

A 64-year-old man visited our hospital complaining of abdominal discomfort. A 2-cm-long 0-IIc + IIa esophageal superficial carcinoma was detected in the middle third of the thoracic esophagus with endoscopy and esophagography. Computed tomography (CT) did not detect any metastasis. The patient underwent videoassisted thoracic surgery of the esophagus (VATS-E). Anastomotic leakage and a thoracic abscess were detected 16 days after the operation. Repeated thoracic drainages and conservative therapy with enteral nutrition were continued for approximately 1 month, but an esophago-mediastinal fistula and small mediastinal cavity remained. Additional drainage using interventional radiology (IVR) reduced the size of the cavity, but could not cure the esophago-mediastinal fistula, 68 days after the operation. The occurrence of an esophago-respiratory fistula followed by a thoracic abscess is a very serious and frequently fatal complication. We performed endoscopic clipping and filling with fibrin glue and succeeded in closing the fistula. Oral intake was started after training in swallowing, and the patient was discharged from hospital 172 days after the operation. One year after the operation he has no sign of a recurrence of the tumor or fistula. We demonstrated a case in which an esophago-mediastinal fistula was successfully repaired by endoscopic clipping with fibrin glue after an operation. © The Japan Esophageal Society and Springer 2011.