

FP 18 Esophageal Fistula, An Unusual Complication of Total Thyroidectomy

Authors:

Ferrandiz, Elaine Rose C.
Cruz, Emmanuel Tadeus S.
Vencio, Reynerio

Quezon City General Hospital
Department of ORL-HNS
Quezon City, Philippines

Background:

This is a case of esophageal fistula which developed 4 months post-thyroidectomy, to discuss its clinical presentation, diagnosis and management.

Methods

Design: Case Report
Setting: Tertiary Government Hospital
Patient: One

Results:

A 37-year old female post-total thyroidectomy with a diagnosis of multinodular goiter with micropapillary carcinoma 4 months ago was re-admitted because of swelling of the anterior neck for 4 days with generalized weakness, dehydration and dysphagia. On the 2nd hospital day, the anterior neck abscess ruptured spontaneously and upon swallowing, liquids drained thru the anterior neck fistula. CT scan revealed tracheoesophageal fistula at the level of C5 . Fiberoptic laryngotracheoscopy showed right vocal cord paralysis with extra luminal compression on the posterior wall of the 4th tracheal ring with no fistulous opening. Esophagoscopy failed on two occasions. On neck exploration no fistulous tract was observed. Conservative management with antibiotics and nutrition via gastrostomy tube were given. After 2 months, repeat CT scan revealed a residual tumor surrounding the trachea and esophagus with subcutaneous emphysema.

Conclusion:

Acquired esophageal fistula is an unusual complication of thyroid surgery, which may be delayed after several months. It may present as an anterior neck abscess so that a high index of suspicion should be raised among patients with a past history of thyroid surgery. Computed tomography, esophagoscopy and bronchoscopy may help in the confirmation of diagnosis for optimal planning of management.