

## Early diagnosis of bronchial stent related malignant respiratory fistulas

To the Editor:

The stent related bronchoesophageal fistula recently published by TULLEKEN *et al.* [1] is a relative rare sequelae of this new management. This stent has been used to control postoperative stenosis of reconstructed left main bronchus rupture after blunt thoracic injury.

Congratulations for the early recognition of the air-filled oesophagus as a sign of fistula in the diagnostic procedure. I add a short comment on the other, more frequent types of fistulas.

The increased number of oesophagorespiratory fistulas, as a side-effect of radiochemotherapy for the palliation of inoperable bronchoesophageal malignancies, has increased in the past decade. I had the opportunity to treat 10 patients (1990–2000) with such complications, using a cuffed-funnel oesophageal tube [2].

Stent implantation, is increasingly used by us to assure airway patency in advanced tracheobronchial carcinoma with secondary oesophageal invasion. Therefore, we routinely perform barium meal swallowing which is the basic, most useful examination to detect respiratory-fistula formation. This preventive examination may detect the onset of fistula and combined with bronchoscopy it allows prompt

adequate therapeutic measures. In this way in three cases of stent related early fistulae, successful fistula obliteration and restoration of swallowing were obtained by a secondary oesophageal intubation using a personal technique [3] and tube.

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### References

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3. Kotsis L, Zubovits K, Helier Z. Particular aspects and limits of palliation in secondary malignant esophageal structures. *Dis Esoph* 1997; 10: 238–242.