

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 207

**Publication Number:** P3503

**Abstract Group:** 1.13. Clinical Problems - Other

**Keyword 1:** Cough **Keyword 2:** Imaging **Keyword 3:** Infections

**Title:** Acquired tracheoesophageal fistula – A rare cause of chronic episodic cough

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**Body:** INTRODUCTION- Acquired tracheoesophageal fistula(TOF) is a rare entity and occurs as a result of trauma, malignancy, granulomatous infection, any previous surgery of trachea and oesophagus. Symptoms include uncontrolled coughing after swallowing. The majority of acquired fistulas occur at cervico-thoracic junction. CASE REPORT -We report a case of 55 yr female who presented to us with cough and regurgitation particularly after intake of liquids since two mths. There was no history of tuberculosis or malignancy. Patient was on antihypertensive agent for four mths but not on ACE inhibitors. On routine investigations TLC and ESR were raised but chest xray was normal. Sputum was negative for AFB. Patient was managed on lines of Gastro Esophageal Reflux Disease with no improvement. CECT chest showed consolidative changes. Nothing significant found in upper GI endoscopy. Barium swallow revealed the passing of contrast into trachea and in bronchi, showing the presence of tiny fistula at C3-C4 vertebral level. Due to higher position of fistula, patient was advised to undergo surgery. DISCUSSION- An acquired TOF bypasses the laryngeal protection and leads to repeated aspiration. We are reporting a rare case of acquired TOF possibly of infective etiology which is a rare occurrence at such a age. It was also the cause of chronic episodic cough in this patient which was not relieved with various treatments. Malignant and traumatic causes have now superseded infection. Barium swallow will demonstrate the defect in 70% of lesions. The management of acquired TOF involves minimizing further aspiration to prevent pulmonary infections. Definitive management involves stenting or surgical repair with treatment of underlying cause.