



Tracheo-Oesophageal Fistula (TOF)- A Late Complication of Tracheotomy

Mukund R¹ and Anand R^{2*}

¹X-Ray Department, Sahyadri Hospital, India

²Department of Radiology, Bharati Medical College and Deemed to be University, India

***Corresponding author:** Anand M Rahalkar, Department of Radiology, Bharati Medical College and Deemed to be University, Dhankawadi, Pune, Maharashtra 411043, India, Tel: 9372499086; Email: anand.rahalkar@gmail.com

Case Report

Volume 5 Issue 2

Received Date: July 02, 2020

Published Date: July 23, 2020

DOI: 10.23880/ooaj-16000193

Abstract

There are a few known late complications of tracheostomy (TO). We are presenting one case of tracheoesophageal fistula in an adult, which was diagnosed on CT.

Keywords: Tracheostomy; Tracheo-Oesophageal Fistula; Artificial respiration

Abbreviations: TO: Tracheostomy; VAP: Ventilator Associated Pneumonia.

Case Report

A 53 year old male was admitted with a massive MCA infarct. He was put on artificial respiration and tracheostomy for 3 months. He was discharged when he improved partially

and was taken home. He had a difficulty in speech and swallowing and used to make gurgling noise and aspirate with a violent cough.

He was investigated by a plain CT. A fistulous tract was seen between trachea and esophagus on posterior wall of trachea at the level of C7 on re-constructed sagittal views. This must have happened by the prolonged abutting of the TO tube over posterior wall of trachea.

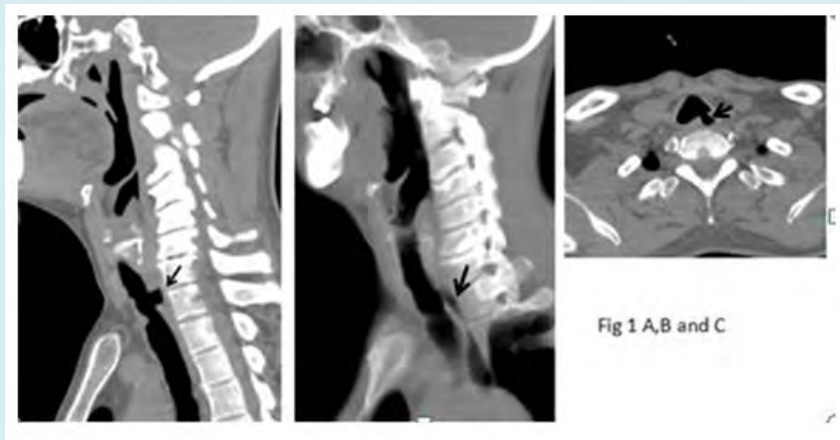


Figure 1: CT images in sagittal and axial planes, Arrows indicate air in esophagus.

His TOF was surgically corrected.

Discussion

Late complications of TO may include tracheal stenosis (granulation tissue), tracheomalacia, trachea-innominate artery fistula, tracheoesophageal fistula, aspiration pneumonia, copious secretions, aspirations of food, persistent cuff leaks and severe gastric distension. Tracheostomy (stoma, Greek for "mouth") denotes the formation of an artificial opening in trachea and is one of the oldest surgical procedures on record, dating back as far as 3600 B. C. E. in Egypt [1,2]. Development of TOF is a rare complication and estimated to occur in less than 1 % of intubated patients [3]. Other complications [3] include pressure ulcer around adhesive tapes and vocal cord paralysis, ventilator-associated pneumonia (VAP), sinusitis and laryngotracheal stenosis. Tracheostomy, whether open or percutaneous, is a commonly performed procedure and is intended to provide long-term surgical airway for patients who are dependent on mechanical ventilator or require (for various reasons) an alternative airway conduit. Due to

its invasive and physiologically critical nature, tracheotomy placement can be associated with significant morbidity and even mortality.

Conclusion

A case of TOF diagnosed on CT, which is very rare, is presented.

References

1. Scott K Epstein (2005) Late Complications of Tracheostomy. *Respiratory Care* 50(4): 542-549.
2. Cipriano A, Mao ML, Hon HH, Vazquez D, Stawicki P, et al. (2015) An overview of complications associated with open and percutaneous tracheostomy procedure. *Int J Crit Illn Inj Sci* 5(3): 179-188.
3. Touman AA, Stratakos GK (2018) Long-Term Complications of Tracheal Intubation, Tracheal Intubation.

