

## Images in clinical medicine



# Aspiration pneumonia with broncho-oesophageal fistula: a rare clinical image

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## Aspiration pneumonia with broncho-oesophageal fistula: a rare clinical image

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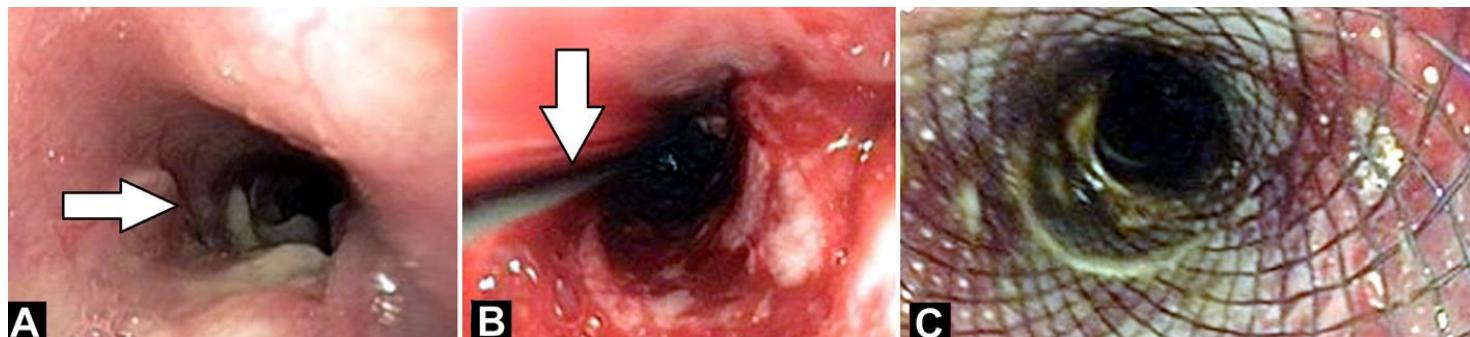
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## Image in medicine

Broncho-oesophageal fistulas (BEF) are rarer than tracheoesophageal fistulas and can occur at birth or later in life. They may develop in adults due to various causes like malignancy, trauma, or infection. Diagnosis involves bronchoscopy, gastrointestinal endoscopy, or radiologic imaging. Management depends on symptom severity, fistula location, and patient health. Palliative options include metallic stents or surgical oesophageal bypass. Metallic stents have shown superiority. A 25-year-old female presented with fever, cough, vomiting, and weight loss. Imaging revealed consolidation with cavitation in the lower lobe communicating with the oesophagus, diagnosed as

aspiration pneumonia. Endoscopy confirmed a suspected bronchooesophageal fistula, treated with stenting (A). Revealed fistulous opening 30 cm from incisor teeth (B). Revealed guidewire passes across the fistulous and position confirmed fluoroscopically and endoscopically (C). Revealed

oesophageal stent (fully covered metal stent 12cm x 25cmm) placement done by passing it over guidewire. Proximal end of stent was kept at 21cm from incisor teeth and lower end kept above G-E junction.



**Figure 1:** A) fistulous opening 30 cm from incisor teeth, B) guidewire passes across the fistulous and position confirmed fluoroscopically and endoscopically, C) oesophageal stent (fully covered metal stent 12cm x 25cmm) placement done by passing it over guidewire; proximal end of stent was kept at 21cm from incisor teeth and lower end kept above G-E junction