


Images in clinical medicine



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

 Mansi Deshmukh, Lajwanti Lalwani

Corresponding author: Mansi Deshmukh, Department of Cardio Respiratory Physiotherapy, Ravi Nair Physiotherapy College, Datta Meghe Institute of Higher Education and Research, Sawangi (Meghe), Wardha, Maharashtra, India. 14mansimd@gmail.com

Received: 20 Feb 2024 - **Accepted:** 22 Mar 2024 - **Published:** 06 May 2024

Keywords: Broncho-oesophageal fistula, aspiration pneumonia, endoscopy

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Cite this article: Mansi Deshmukh et al. Aspiration pneumonia with broncho-oesophageal fistula: a rare clinical image. Pan African Medical Journal. 2024;48(7). 10.11604/pamj.2024.48.7.43032

Available online at: <https://www.panafrican-med-journal.com//content/article/48/7/full>

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

Mansi Deshmukh^{1,&}, Lajwanti Lalwani¹

¹Department of Cardio Respiratory Physiotherapy, Ravi Nair Physiotherapy College, Datta Meghe Institute of Higher Education and Research, Sawangi (Meghe), Wardha, Maharashtra, India

&Corresponding author

Mansi Deshmukh, Department of Cardio Respiratory Physiotherapy, Ravi Nair Physiotherapy College, Datta Meghe Institute of Higher Education and Research, Sawangi (Meghe), Wardha, Maharashtra, India

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 bronchoesophageal 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 25cm) 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.

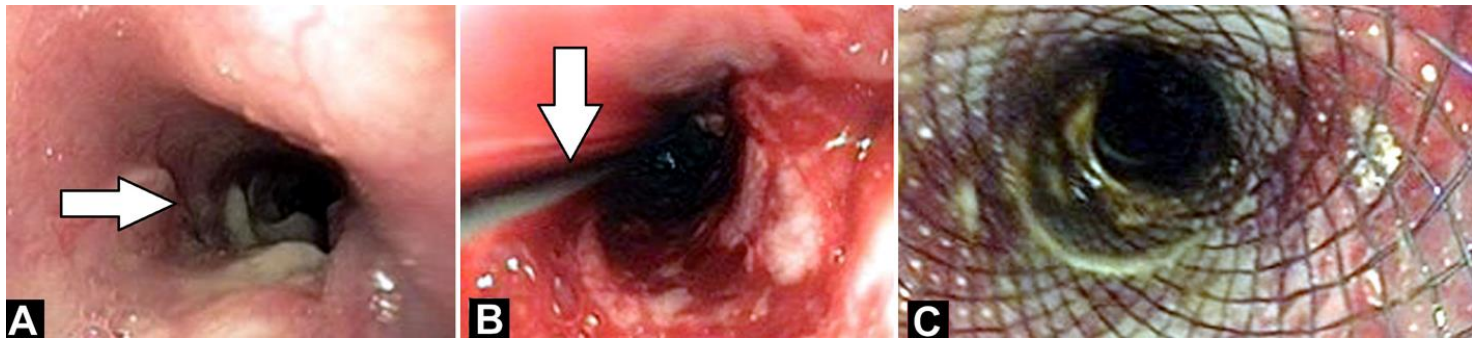


Figure 1: A) fistulous opening 30 cm from incisor teeth, B) guidewire passes across the fistulous and position confirmed fluoroscopically and endoscopically, C) oesophageal stent (fully covered metal stent 12cm x 25cm) placement done by passing it over guidewire; proximal end of stent was kept at 21cm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