

## Acknowledgement - WCOG 2005 145677

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### Abstract Title

Treatment of malignant esophagorespiratory fistula with fully covered self expandable metal stents: are the stents equally effective in esophageal and tracheobronchial tumors

### Abstract Text

**INTRODUCTION:** Malignant esophagorespiratory fistula (ERF) is a serious complication of cancer arising in the esophagus, lung or tracheobronchial tree. Repeated aspiration and pneumonia lead to rapid deterioration and death. Covered self-expandable metal stents (SEMS) offer effective treatment, achieving fistula sealing in 75-95% of cases. The aim of this study is to prospectively evaluate the efficacy, regarding fistula occlusion and dysphagia palliation, of a fully covered nitinol SEMS in patients with malignant ERF, seeking for possible differences depending on the type of tumor. **METHODS:** The study included 18 patients (17 males; 1 female. Age: 50-80 years) with symptomatic ERF of a series of 124 consecutive patients presenting malignant dysphagia and treated with SEMS. The tumor was esophageal in 13 patients (72.2%) and tracheobronchial in 5 patients (27.8%). The fistulous orifice was located in the upper esophagus in 8 cases and in middle esophagus the remaining 10. The diameter of the orifice was < 5 mm in 5 cases, between 5-10 mm in 11 cases and >10 mm in 2 cases. Esophageal lumen stricture was complete in 12 patients and only partial in 6. A fully covered nitinol SEMS (Choostent. M.I. Tech. Korea) was inserted in all patients under endoscopic and fluoroscopic guidance. Student t and square chi tests were used for statistical analysis. **RESULTS:** Covered SEMS implantation was technically successful in all patients (100%). Complete fistula sealing was initially achieved in 17 of 18 patients (94.4%), failing to close a fistula >10 mm located in the upper esophagus in a patient with a squamous cell esophageal carcinoma. Mean dysphagia score improved from 3.2 to 0.9 (p<0.01). Respiratory symptoms relapsed in 3 patients (17.5%) within the first month after stent insertion due to stent migration. In the 3 cases, the esophageal stricture was only partial and patients had a tracheobronchial malignancy. The stent could be repositioned in 2 patients and respiratory symptoms were corrected. 1 patient died of massive aspiration before endoscopic treatment could be attempted. Fistulas remained sealed until death in 16 patients (definitive clinical success: 88.8%) with a mean survival of 92.4 days. **CONCLUSIONS:** 1.- Fully covered SEMS offer effective treatment in patients with esophageal malignant strictures and ERF in terms of dysphagia improvement and fistula sealing. 2.- Results tend to be poorer when esophageal stricture is only partial and/or the tumor is located in the tracheobronchial tree. 3.- Respiratory symptoms relapse may indicate stent migration and so, early endoscopic stent repositioning should be attempted to close the fistula and correct the symptoms.

### Keywords

051 Endoscopic Imaging and Therapeutics -  
217 Esophageal malignancies, diagnosis and treatment -

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