

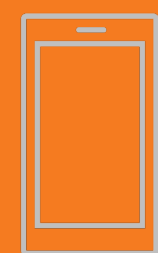
Introduction

In tertiary care centers, where advanced endoscopic expertise is available, the placement of an Amplatzer septal occluder is practical and safe.

Case Description

- 72-year-old man with a history of gastroesophageal reflux disease (GERD) and well-differentiated esophageal adenocarcinoma.
- Presented for dysphagia and cough.
- Social history was negative for smoking, smokeless tobacco, alcohol ingestion and illicit drug use.
- The patient had undergone numerous esophagogastroduodenoscopies (EGD) since 2017 for recurrent strictures requiring TTS balloon dilations, intralesional triamcinolone acetonide injections and esophageal stenting.
- Complicated by formation of a tracheoesophageal fistula (TEF) at the anastomotic site.
- The patient underwent EGD and bronchoscopy with visualization of a 5 mm fistula.
- Given the clinical condition of the patient with recurrent aspiration events, failed endoscopic management and refusal of surgical intervention, an 18 mm Amplatzer septal occluder was placed.
- Repeat endoscopy 5 months later, showed that the device had remained in the correct position and the patient remained asymptomatic following advancement of his diet.

The Amplatzer device can be used for satisfactory closure of refractory tracheoesophageal fistulas.



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Discussion

Acquired TEF is a rare complication, the incidence in the US has yet to be reported. Amplatzer occluder devices, originally designed for transcatheter closure of cardiac defects, have shown promise in the treatment of TEFs. It is suggested that the placement of the AD induces granulation tissue formation around the device allowing for complete closure of the fistula without compromising airway patency. Upon review of current literature only one other case report was found where an AD was used for the management of refractory TEF. In the setting of large or difficult to manage TEFs and patients who are not surgical candidates, Amplatzer septal occluder devices can be used to successfully treat complicated TEFs.

