EDITÖRE MEKTUP/ LETTER TO THE EDITOR

An unusual complication of percutaneous tracheostomy: tracheoesophageal defect

Perkütan trakeastominin olağan dışı komplikasyonu: trakeaözofageal defekt

Adnan Taş1, Hacer Taş2

1Adana Numune Training and Research Hospital, Dept of Gastroenterology, 2Dept of Chest Diseases, Adana, Turkey

Dear Editor,

Percutaneous tracheostomy (PCT) have improved owing to interest in minimally invasive procedures but PCT has complications including vasovagal event, tube dislodgement and obstruction, hemorrhage, destruction to the recurrent laryngeal nerve1. To our knowledge, this is the first case in the literature reporting the large proximal tracheoesophageal defect after PCT in a man with intersting endoscopic appearance.

A 15-year-old man with car accident presented to the emergency department. Physical examination was open fracture dislocation of T1 on T2 with complete transection of the spinal cord. The accident resulted in complete paralysis of both lower extremities. After wound irrigation and debridement, an open posterior reduction and stabilization was completed. It was appeared respiratory failure after operation and treated with mechanical ventilation. PEG feeding was considered because of the patient's nutritional intake inadequate for a period exceeding 2 weeks. First esophagogastroduodenoscopy examination was normal during PEG. The patient was discharged on postoperative 2 months in intensive care units. He presented to with severe cough and phlegm. Physical examination was rales of the right lower lob. He was considered aspiration pneumonia associated to tracheoesophageal fistula. Second esophagogastroduodenoscopy examination was showed shortly after upper esophageal sphincter about of 2 cm long proximal tracheoesophageal defect (Figure). Repair of esophageal clefts was planned but he died because of aspiration pneumonia.

Figure 1. Proximal tracheoesophageal defect

PCT is performed to bypass airway obstruction1. Although PCT is a safe procedure in intensive care units some complications may be occured such as stomal infections, injury to the posterior wall of the trachea, subcutaneous emphysema, tracheoesophageal fistula, bleeding and pneumothorax1,2. Injury to the posterior tracheal wall is fatal complication of PCT placement1. The incidence of posterior tracheal wall injury varies from 0.2% to 12.5%4. Our case has showed both posterior tracheal wall injury and anterior esophageal wall injury. These injuries may occur due to poor control of the guidewire and guiding catheter. In conclusion, proximal tracheoesophageal defect should be considered in patients with PCT with aspiration pneumonia.

Yazışma Adresi/Address for Correspondence: Dr. Adnan Taş, Adana Numune Training and Research Hospital, Department of Gastroenterology Adana, Turkey. E-mail: dradnantas@gmail.com

Geliş tarihi/Received: 23.10.2016 Kabul tarihi/Accepted: 29.11.2016
REFERENCES