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Clinical Image

# Left Radial Flap in the Treatment of Tracheo-Gastric Fistula

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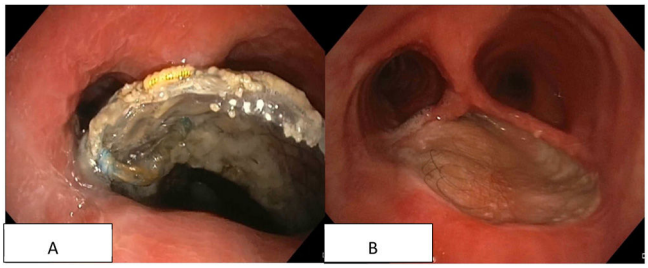


**Fig. 1.** Esophageal stent emerging above the main carina after rupture of the pars membranacea of the trachea (A); well-positioned radial myocutaneous flap with closed fistula. Hairs can be seen on its surface (B).

Our patient, a 56-year-old man, underwent surgery for esophageal adenocarcinoma, involving esophagectomy with intrathoracic esophagogastric anastomosis. After the procedure, the patient developed anastomotic stenosis that was refractory to multiple dilation procedures, so after 1 year of follow-up we decided to implant a covered metallic stent. After the intervention, the patient developed a persistent cough, leading to the finding of a bronchogastric fistula. After 6 months of follow-up, recurrent symptoms of esophageal stenosis required stent replacement.

In the follow-up bronchoscopies, a distal shadow was observed in the pars membranacea of the trachea extending to the right main bronchus. The patient's clinical situation deteriorated, with excessive salivation and irritative cough on ingestion, so a chest computed tomography (CT) scan and bronchoscopy were performed, which revealed that the stent had migrated to the distal third of the trachea, ruptured the pars membranacea, and emerged above the main carina (Fig. 1A, video). Finally, with the collaboration of the plastic surgery and thoracic surgery departments, we performed total gastrectomy, closure of the tracheal defect with left radial myocutaneous flap,[1] and coloplasty (Fig. 1B, video). Currently, 36 months after the intervention, the patient is undergoing regular endoscopic monitoring that shows a well-positioned graft with no gut-airway communication.

## Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.arbres.2022.09.016.

## Reference

1. Poissonnet V, Culie D, Rouanet C, Bozec A. Tracheoesophageal fistula and pharyngoesophageal stenosis repair by double skin paddle radial forearm flap. Eur Ann Otorhinolaryngol Head Neck Dis. 2022;139:297–300. http://dx.doi.org/10.1016/j.anorl.2021.09.002.

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