Procedure

An EGD was performed and identified a large fungating mass from 21-32 cm from the incisors. The scope was able to traverse it without dilation. Concomitant bronchoscopy identified a 5 mm tracheo-esophageal fistula (TEF) in the membranous wall 3-4 cm proximal to the carina.
Post Procedure

An EGD was performed and identified a large fungating mass from 21-32 cm from the incisors. The scope was able to traverse it without dilation. Concomitant bronchoscopy identified a 5 mm tracheo-esophageal fistula (TEF) in the membranous wall 3-4 cm proximal to the carina.

Discussion

This case demonstrates the safety and feasibility of through-the-scope stent placement without the use of fluoroscopy for malignant TEF. There are increasing concerns over radiation exposure of staff and patients. In addition, many centers lack the space or expertise for efficient and safe fluoroscopy on short notice and in varied locales (OR, endoscopy suite, outpatient surgical center, etc). This demonstrates an alternative approach that takes these concerns into account without compromising patient or provider safety.