

Title: An Unusual Connection: A Rare Case of Spontaneous Esophago-Pleural Fistula with Secondary Empyema Thoracis Managed Conservatively With Stenting—a Case Report

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ABSTRACT

Introduction: This paper aims to discuss a rare case of spontaneous Esophago-Pleural Fistula (EPF) in a 67-year-old female who presented with dyspnea after forceful vomiting and retching episodes and successfully underwent fluoroscopy-guided endoscopic stent placement.

Case Report: Patient had a 1 week history of intake of herbal medications (10 tablets 3 times daily) leading to vomiting and retching episodes which persisted until patient presented with dyspnea. Chest tube was placed due to considerations of empyema thoracis, and fluid analysis revealed negative for malignant cells on cell cytology. Barium swallow showed extravasation of contrast material from a fistulous tract and computed tomography confirmed presence of EPF at distal esophagus. Endoscopy performed revealed a defect at 35cm level from the upper incisors. Fluoroscopy-guided endoscopic stent placement was the chosen treatment modality and was done without complications.

Discussion: The forceful vomiting and retching episodes may have caused Boerhaave syndrome with a rise of intra-gastric pressure overcoming the tensile strength of normal esophageal wall, whereas relaxation of LES permitted gastric contents to enter and distend the lower esophagus. If the upper sphincter does not open to allow regurgitation, the rising intra-esophageal hydrostatic pressure may allow a bubble of mucosa to protrude into the mediastinum and burst. This event could explain the occurrence of empyema thoracis on left side of the lung.

Conclusion: This case emphasizes therefore that EPF is an uncommon condition with potentially high morbidity and mortality because of the risk of complications and a high index of suspicion is necessary.