

Management of tracheobronchial involvement in carcinoma esophagus A four year single center experience

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PURPOSE: Interventional pulmonology plays an important role in immediate relief of major airway involvement due to benign and malignant causes. Results are dramatic and is often evident at the end of procedure. Bronchogenic carcinoma is the most common cause for airway involvement, esophageal carcinoma too has a propensity to involve airway due to its anatomic proximity. We present our experience of management of symptomatic airway involvement in esophageal carcinoma over a four-year period.

METHODS: Medical records were retrospectively reviewed for all patients of carcinoma esophagus who underwent bronchoscopic intervention between 2010 and 2013.

RESULTS: There were twelve patients (5 males and 7 females) with a mean age of 58.7 years (range 48-69) requiring intervention for airway involvement (obstruction 10 and fistula 2). Eleven of these patients had received multimodality palliative treatment prior to presentation. In eight patients, obstruction was only extrinsic compression and was managed with covered self expanding metallic stent (SEMS) deployed with flexible bronchoscope. In two patients with mucosal involvement and tracheal mass, rigid bronchoscopic coring was done. Two patients with esophageal stent in situ developed tracheo-esophageal and bronco-esophageal fistula and were managed with rigid bronchoscopy and SEMS to trachea and dumon silicon stent to left main-stem bronchus respectively. All patients tolerated procedure well and had immediate improvement in respiratory symptoms and were discharged home in stable condition. Mean survival post stenting was 98.6 days (range 6-406).

CONCLUSIONS: Tracheobronchial involvement often happens late in course of esophageal carcinoma and can be obstructive or fistulous communication. Tracheobronchial stenting is effective for immediate palliation. Survival in our series is comparable to other studies in esophageal carcinoma but is worse than stenting in obstructive bronchogenic carcinoma.

CLINICAL IMPLICATIONS: Tracheobronchial involvement should be suspected in cases of esophageal carcinoma presenting with respiratory difficulty. When present, interventional bronchoscopic management helps alleviate symptoms and improve quality of life.