



Prandial tussiculation

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A 44-year-old man with small cell carcinoma of the lung presented with chest pain, productive cough, and weight loss. The patient was febrile (39°C) and he had crackles in both of his lungs. A chest radiograph (Figure 1) and chest CT scan (Figure 2) were obtained. What is your diagnosis?

Figure 1

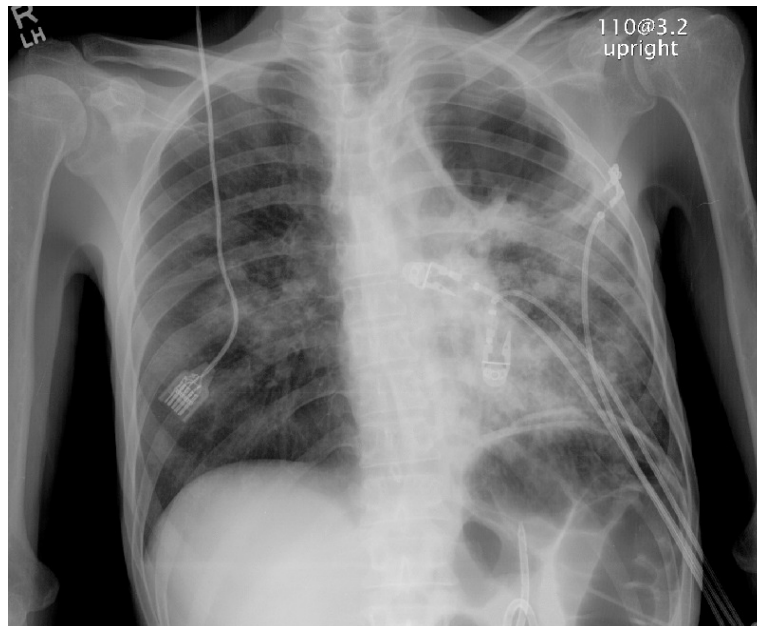
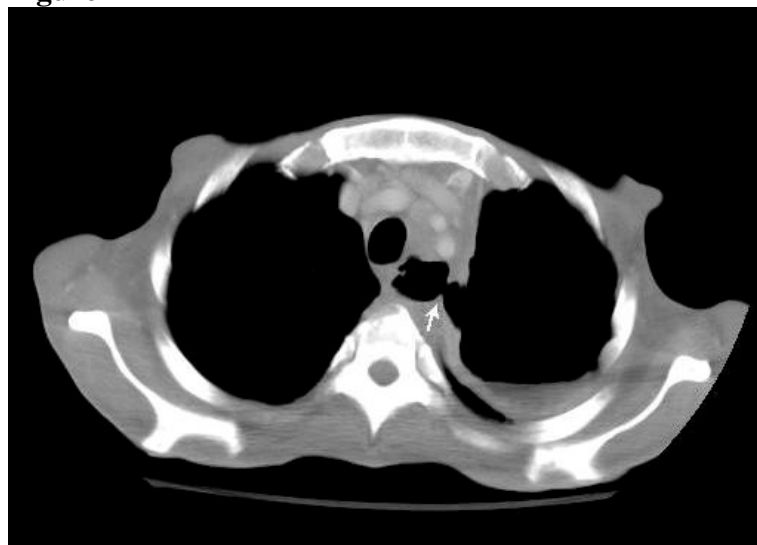


Figure 2



Diagnosis

Aspiration pneumonia secondary to malignant oesophagopulmonary fistula.

- Figure 1 shows a left upper lung mass with an adjacent large cavity and alveolar opacities in both mid lungs and the left lower lobe.
- Figure 2 shows that the oesophagus and the left upper lobe are continuous (arrow) consistent with an oesophagopulmonary fistula.

Discussion

Acquired oesophagopulmonary fistulas are classified into benign and malignant fistulas. Causes of benign fistulas include tracheal-cuff injury with prolonged intubation, corrosive burns, swallowed watch batteries, foreign bodies, penetrating trauma, gunshot wounds, postoperative and endoscopic lesions, oesophageal diverticula, pleural empyema, Crohn's disease, tuberculosis, and mycobacterium avium-intracellular infection.¹

Most common causes of malignant fistulas are tracheal cancer, oesophageal cancer, and lung cancer.¹ Patients with oesophagopulmonary fistula usually presents with coughing while eating, dysphagia, recurrent pneumonia, dehydration, and weight loss.²

Double stenting of the oesophagus and the tracheobronchial tree appears to be the procedure that yields the best overall results for symptomatic relief for patients with malignant tracheoesophageal fistula. To ensure better nutrition and fluid intake, percutaneous enterogastric tubes placement is usually considered.

The prognosis of malignant fistulas secondary to lung cancers is dismal. Without therapy, the patient usually lives less than 7 weeks.²

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References:

1. Storch I, Jorda M, Ribeiro A. EUS-guided biopsy in the diagnosis of pulmonary lymphoma in a patient with an esophagopulmonary fistula. *Gastrointest Endosc.* 2005;61:904–6.
2. Kvale PA, Simoff M, Prakash UB; American College of Chest Physicians. Lung cancer. Palliative care. *Chest.* 2003;123(1 Suppl):284S–311S.