A LATE COMPLICATION AFTER THERAPY FOR HODGKIN’S DISEASE AND POSSIBLE TREATMENT OPTIONS

Roman Vereshchako¹, V. Sokolov², M. Bagirov²
¹Thoracic, National Medical University, Kiev, Ukraine; ²Thoracic, National Academy of Postgraduated Education, Kiev, Ukraine

Objectives: Acquired oesophagobronchial fistula after chemotherapy for Hodgkin’s disease, complicated by stenosis of the left main bronchus and the relaxation of the left diaphragm dome is a rare pathology and a challenge for the thoracic surgeon. This article describes an option of treatment.

Case description: A 40-year-old female patient complained of dysphagia (passes only liquid food), cough during eating, weight loss, cough with purulent sputum and shortness of breath with minimal exertion. In 2006, the patient was treated for a Hodgkin’s lymphoma with intrathoracic lymph nodes involvement at initial presentation. In 2008, the patient was diagnosed an oesophagobronchial fistula and an oesophageal stent has been used for its correction, but the cough during ingestion of fluids remained. X-ray and CT examinations of the thorax showed a shift of the stent in the oesophagus, a total relaxation of the left diaphragm dome and chronic inflammatory changes in the left lung. From oesophagoscopy on the front wall of the oesophagus on the upper edge stent detected a fistula of a diameter of 1 cm. Bronchoscopy on the lateral wall of the left main bronchus found a fistula of a diameter of 0.9 cm. On 21 March 2014 the patient received laparotomy, plasty of the left dome of the diaphragm and gastrostomy. The oesophageal stent was removed. On 1 April 2014 the patient was discharged. On 6 April 2014 the second staged operation was made: right posterolateral thoracotomy, disconnection of the oesophagobronchial fistula, closure of the oesophageal defect, circular resection of the left main bronchus, and wedge resection of the carina (stenosis and fistula), anastomosis between the remaining part of the left main bronchus and trachea bifurcation. The postoperative period was without complications. On 2 July 2014 an oesophagography showed satisfactory function of the oesophagus. At bronchoscopy the left main bronchus appeared patent with good clearance. Histological study of the mediastinal lymph nodes showed only sclerotic changes.

Conclusion: A benign fistula, even in a patient with oncological history, requires surgical removal.

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