A 55-year-old female presented with dysphagia and a predominantly left cervical tumor. The neck CT scan showed a solid mass dependent on the proximal esophagus, fistulation associated with collection of air content that extends to soft tissues (Fig. 1). The esophageal transit reported a blind sac fistula at the left paratracheal space (Fig. 2).

Upper gastrointestinal endoscopy described, at the cricopharyngeal level, a friable and stenosing tumor. Cervical esophagus tumor biopsy reported a moderately differentiated squamous cell carcinoma. 50% of aero digestive fistula are secondary to malignant neoplasms and 4.5% of patients with esophageal cancer will develop one during their disease course.