



## Image of the month

Esophageal Blind Sac Fistula<sup>☆</sup>

## Fístula esofágica en saco ciego

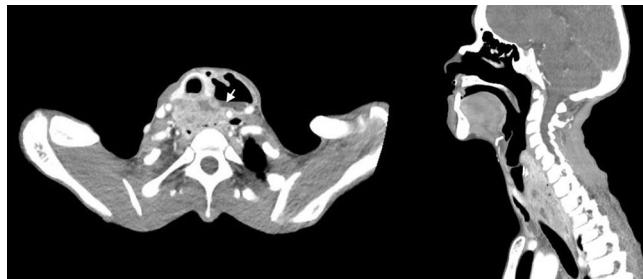
Jorge Luna-Abanto,<sup>a,\*</sup> Jheff Laura Martínez<sup>a,b</sup><sup>a</sup> Departamento de Cirugía Oncológica, Instituto Nacional de Enfermedades Neoplásicas, Lima, Perú<sup>b</sup> Escuela de Postgrado, Universidad Privada San Martín de Porres, Lima, Perú

Fig. 1



Fig. 2

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.

<sup>☆</sup> Please cite this article as: Luna-Abanto J, Laura Martínez J. Fístula esofágica en saco ciego. Cir Esp. 2019;97:344.

\* Corresponding author.

E-mail address: [Jorgelunaabanto@gmail.com](mailto:Jorgelunaabanto@gmail.com) (J. Luna-Abanto).