

Title:

Esophagopleural fistula due to empyema necessitans

Authors:

Margarida Gonçalves, Ana Rebelo, Bruno Arroja

DOI: 10.17235/reed.2022.9085/2022

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Gonçalves Margarida, Rebelo Ana, Arroja Bruno. Esophagopleural fistula due to empyema necessitans . Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.9085/2022.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

IPD 9085

Esophagopleural fistula due to empyema necessitans

Margarida Gonçalves, Ana Rebelo and Bruno Arroja

Gastroenterology Department. Braga Hospital. Braga, Portugal

Correspondence: Margarida Gonçalves

e-mail: margaridagoncalves21@gmail.com

Conflict of interest: the authors declare no conflict of interest.

Informed consent: the authors obtained an informed consent from the patient for the publication of their information and imaging.

CASE REPORT

A 64-year-old female, with a history of right pneumonectomy due to pulmonary tuberculosis (at age 14) presented to the Emergency Department with a seven-day history of a spontaneous drainage at the right infra-mammary region, associated with fever, night sweats and asthenia.

Chest computed tomography (CT) demonstrated an extensive right intrathoracic collection, with multiple gas bubbles and a spontaneous fistulous path to the skin (Fig. 1). Empirical therapy with ceftriaxone and clindamycin was started. Bacilloscopy was negative, as well as mycobacteria in sputum and pus.

Due to the persistence of the drainage, a new chest CT with oral contrast and a bronchofibroscopy were performed. No fistulas to the digestive tract were found. Due to clinical suspicion, an upper gastrointestinal endoscopy was performed, which showed a large fistulous orifice in the middle esophagus (Fig. 2). Subsequently, an over-the-scope clip was successfully placed (Fig. 3). The clinical and imaging course was favorable, with cessation of skin drainage after two weeks.

DISCUSSION

Empyema necessitans is a rare entity that consists of the development of an abscess that begins in the pleural space and then extends to the adjacent tissues (1). This case shows a rare and very late complication of a total pneumonectomy, emphasizing the importance of the multidisciplinary approach and the potential of endoscopic therapy with over-the-scope clips.

REFERENCES

1. White-Dzuro C, Assi P, Thomas H, et al. Unusual presentation of empyema necessitans: case report and review of the literature. Gen Thorac Cardiovasc Surg 2021;69(6):1026-30. DOI: 10.1007/s11748-021-01601-9

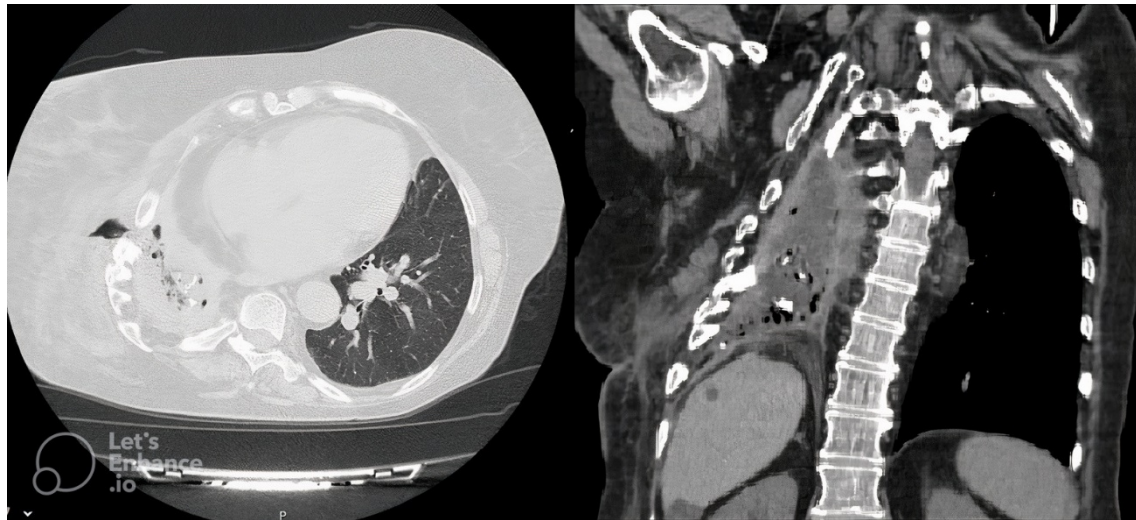


Fig. 1. Extensive right intrathoracic collection, with multiple gas bubbles and a spontaneous fistulous path to the skin.

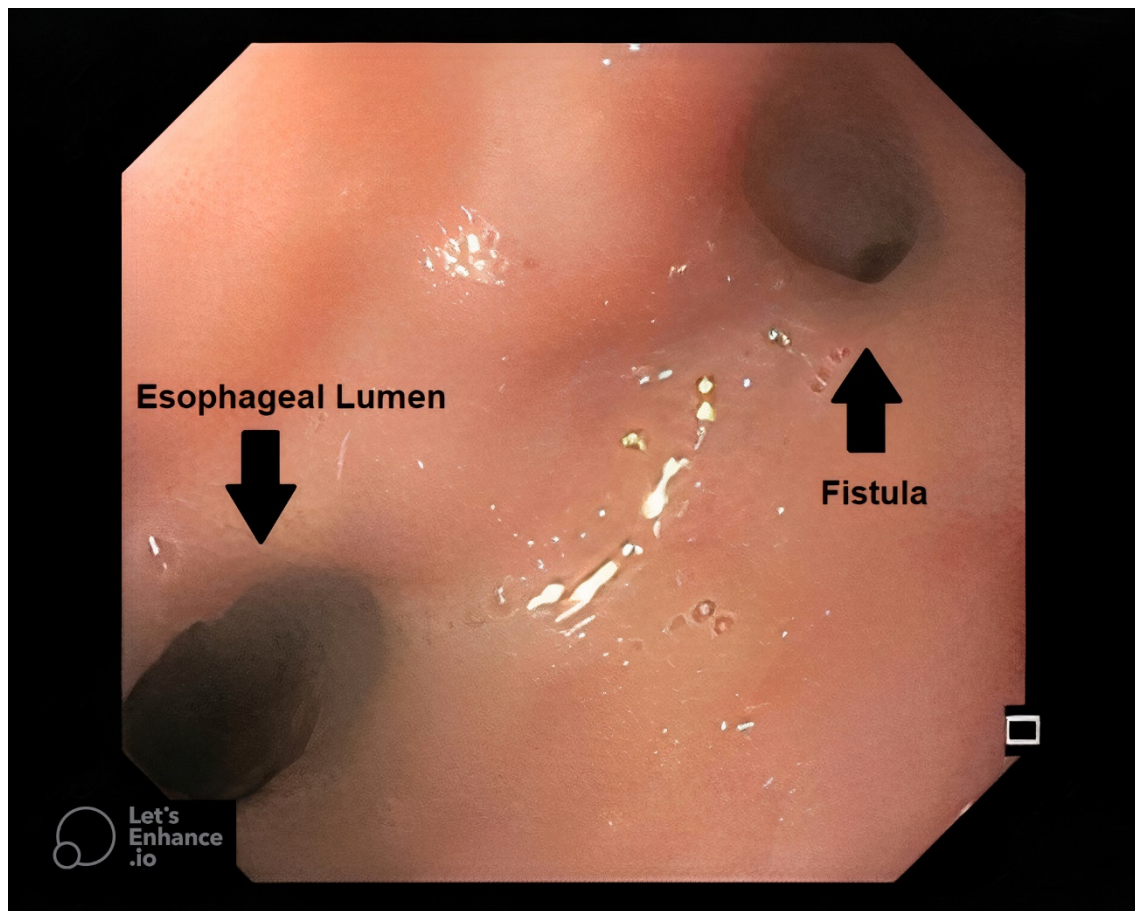


Fig. 2. Large fistulous orifice in the middle esophagus on the right.

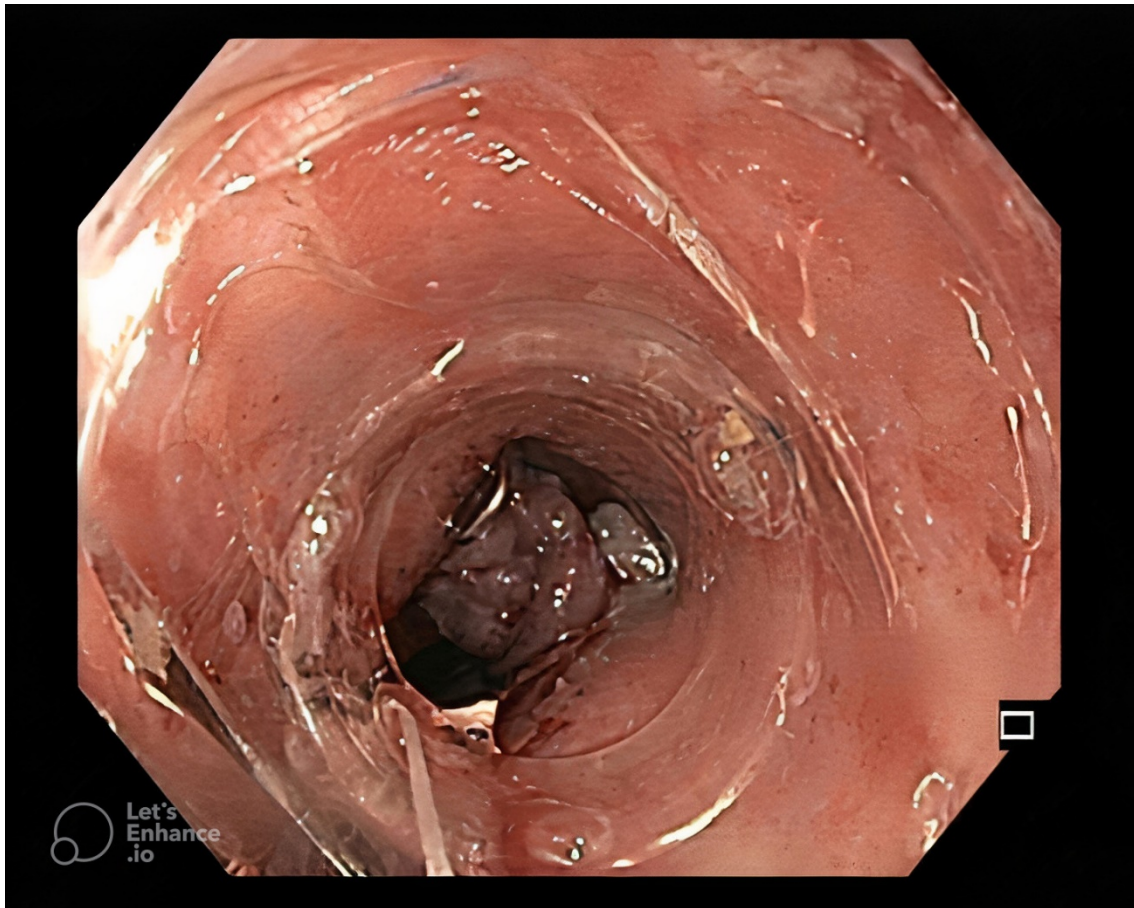


Fig. 3. An over-the-scope clip successfully placed.