Tracheocutaneous fistula- A surgical challenge

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Abstract

We are experienced a challenge for the surgeon for tracheocutaneous fistula closure in managing such a complication such as chronic cough, infection and other co-morbidities. The need for a secondary closure is also warranted when the stoma does not close on itself within a specified time.

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ABSTRACT

Tracheostomy is a general surgical procedure performed by many surgeons on a routine basis. A tracheostomy orifice closes by secondary intention in many routine cases.

The following case report is about a 54-year-old patient diagnosed with squamous cell carcinoma of the right vocal cord for which he had undergone micro-laryngeal surgery. The patient had temporary tracheostomy for which he had undergone tracheostomy. The stoma was not closing on itself. The wound was treated with different antibiotic powders. A tracheostomy tube was maintained till the stoma closed on itself. The wound healed after 10 days and the patient was discharged from hospital.

DISCUSSION

A tracheocutaneous fistula is commonly regarded as a pathological complication of temporary tracheostomy that results due to failure of spontaneous tracheostome closure post decannulation. Various factors present a challenge for the surgeon in managing such a complication such as chronic cough, infection and other co-morbidities. The need for a secondary closure is also warranted when the stoma does not close on itself within a specified time.

In conclusion, TCF presents a challenge to the surgeon as different pathogenic factors affect its formation and healing. A multidisciplinary approach and proper patient counselling, duration of cannulation, co-morbidities helps in prognosis and outcome.

Author Contribution

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation

Conflict of interest:

The authors whose names are listed above certify that they have NO affiliations with or involvement in any organization or entity with any financial interest and no conflict of interest in the subject matter or materials discussed in this manuscript.

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figure 1 Non healing tracheostoma

figure 2- Pectoralis musculocutaneous flap and stoma closure

figure 3 – Pus discharge from donor site

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