# A pediatric case of endoscopic fistula closure using a polyglycolic acid sheet





▶ Fig. 1 A fistula on the posterior wall of the oral side of the esophageal anasto-



▶ Video 1 Use of polyglycolic acid sheets and fibrin glue as an effective alternative to



▶ Fig. 2 Esophagography revealed the trachea (yellow arrow).



▶ Fig. 3 Image after cauterization of the area around the fistula with hot biopsy forceps, soft mode 80 W of electrosurgical generator (VIO300D; ERBE Elektromedizin GmbH, Tübingen, Germany).

Recurrent tracheoesophageal fistula is a common postoperative complication of esophageal atresia [1]. The surgical treatments utilize muscle and pleural flaps [2]. Furthermore, endoscopic fistula closure with fibrin glue, a biomaterial, can be achieved by epithelializing, promoting circulation, and inhibiting leukocyte infiltration [1]. In adults, endoscopic fistula closure using a polyglycolic acid (PGA) sheet is useful for treating postoperative esophageal anastomotic fistulas [3]. However, no such pediatric reports are available.

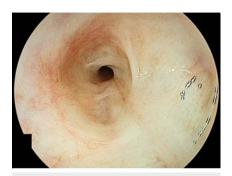
Herein, we report the first pediatric case of endoscopic fistula closure with PGA sheet (► Video 1).

A 3-year-old girl was admitted with the chief complaint of persistent fever and cough after eating. She underwent postnatal thoracoscopic radical esophagectomy for type C esophageal atresia. Owing to postoperative complication, she underwent multiple endoscopic balloon dilations.

Esophagogastroduodenoscopy revealed an esophageal fistula on the oral posterior wall of the esophageal anastomosis



Fig. 4 Fibrinogen and thrombin solutions of fibrin glue were applied to the polyglycolic acid sheets.



▶ Fig. 5 Endoscopy after 3 weeks revealed closure of the fistula.

(► Fig. 1). Tracheal esophagography (► Fig. 2) revealed tracheoesophageal fistula.

First, mucosa around the fistula was cauterized using hot biopsy through a single-channel upper gastrointestinal endoscope (> Fig.3). Subsequently, small pieces of PGA sheet (Neoveil; Gunze Co., Osaka, Japan) were grasped with biopsy forceps, immersed in fibrinogen solution, and used to fill the fistula through the scope (> Video 1). Finally, fibrinogen and thrombin solutions of fibrin glue (Beriplast P Combi-Set; CSL Behring Pharma, Tokyo, Japan) were applied to the PGA sheets (> Fig. 4).

Endoscopy 3 weeks later confirmed fistula closure (**Fig. 5**), and oral intake by the patient was possible without symptoms.

Fibrin glue is generally used in the treatment of pediatric tracheoesophageal fistula. PGA sheets acting as tissue-regenerative scaffolds may effectively help in the healing process, as granulation tissue can fill and cover the fistula [3].

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# Competing interests

The authors declare that they have no conflict of interest.

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