

**ESOPHAGOPERICARDIAL FISTULA AND PURULENT PERICARDITIS
CAUSING CARDIAC TAMPONADE DURING CONCURRENT CHEMORA-
DIOTHERAPY FOR ESOPHAGEAL CANCER: A CASE REPORT**

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**食道癌放化療中併發食道心包膜瘻管合併化膿性心包膜炎及心包填塞：
病例報告**

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Therapeutic Radiology and Oncology
Vol. 24, No. 1, p. 67-75, March 2017

放射治療與腫瘤學雜誌第二十四卷第一期第 67-75 頁抽印本
中華民國 106 年 3 月發行

ESOPHAGOPERICARDIAL FISTULA AND PURULENT PERICARDITIS CAUSING CARDIAC TAMPONADE DURING CONCURRENT CHEMORADIOTHERAPY FOR ESOPHAGEAL CANCER: A CASE REPORT

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Esophagopericardial fistula (EPF) secondary to esophageal cancer is a rare complication with high mortality rate. Here, we present a case of esophageal cancer patient who developed EPF and purulent pericarditis with cardiac tamponade during the course of concurrent chemoradiotherapy. A 54-year-old man who was diagnosed with squamous cell carcinoma of middle to low third esophagus staged as cT3N1M0 underwent concurrent chemoradiotherapy with radical intent. He received a cumulative radiotherapy dose of 28 Gy in 14 fractions to the esophageal tumor and perigastric lymphadenopathy using intensity modulated radiotherapy and one course of concomitant chemotherapy using cisplatin + infusional 5-fluorouracil. There was a treatment break of 3 days due to severe fatigue, dysphagia, and chest wall pain. He was brought to our emergency department due to cold sweating and syncope at the bathroom. Echocardiography revealed small ventricular size due to moderate pericardial effusion. Computed tomography showed encapsulated fluid collection with air bubbles over mediastinum adjacent to the previous tumor site and pericardial effusion. Under the impression of EPF and purulent pericarditis with cardiac tamponade, pericardiocentesis, pigtail tube drainage and antibiotic were instituted. The patient was discharged from hospital on the day 18 with a stable condition. We assume that the EPF observed in this patient may be caused by the location of middle to lower thoracic esophageal tumor, and the anterior wall closed to pericardium of the left atrium, tumor shrinkage combined chronic inflammation and through and through ulcerated esophageal tumor to the pericardium. EPF with purulent pericarditis is an acute and fulminant disease that has high mortality rate if delayed diagnosed and treated. Because some of the symptoms of EPF formation mimic those discomfort arising from esophageal cancer and chemoradiotherapy, it will go unnoticed unless a high index of suspicion has been placed. In the case of the lower third thoracic esophageal tumor and anterior wall close to the pericardium, we should maintain a high index of suspicion of this life-threatening complication during and after chemoradiotherapy.

[Therapeut Radiol Oncol 2017; 24(1): 67-75] DOI: 10.6316/TRO/201724(1)67

Key words: Esophagopericardial fistula, Esophageal cancer, Chemoradiotherapy

Received: 2016, 5, 16. Accepted: 2016, 6, 22.

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食道癌放化療中併發食道心包膜瘻管合併化膿性心包膜炎及心包填塞： 病例報告

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食道心包膜瘻管於食道癌是非常罕見的併發症，死亡率極高。本個案為食道癌放化療中併發食道心包膜瘻管合併化膿性心包膜炎及心包填塞。一名 54 歲的男子被確診為第三期之中段食道鱗狀細胞癌，接受根治性同步放化療，他累積接受 28 Gy 強度調控放射線治療劑量至食道與胃週邊淋巴結腫瘤，並合併一個療程之化學治療，但病患因嚴重疲勞、吞嚥困難及胸壁疼痛中斷治療。三天後病患發生虛汗並於浴室暈厥被送至急診，心臟超音波發現中度心包膜積液，電腦斷層顯示氣泡積液位於治療前之食道腫瘤部位並有心包膜積水，臨床診斷為食道心包膜瘻管，病患緊急接受心包穿刺及引流，並施打抗生素治療，該患者於住院 18 日後病情穩定出院。我們懷疑本個案因食道腫瘤之前壁緊貼左心房包膜，因腫瘤縮小合併發炎及潰瘍導致食道心包膜瘻管。食道心包膜瘻管合併化膿性心包炎是一種急症，如果延遲診斷和治療可導致死亡。因為食道心包膜管的某些症狀類似食道癌接受放化療之副作用，醫師除非保持高度警覺，否則很可能會被忽視，故在中下段食道腫瘤之前壁緊貼心包膜之個案，病患在接受放化療期間或結束後，我們都應注意此併發症的可能性。

[放射治療與腫瘤學 2017; 24(1): 67-75]

關鍵詞：食道心包膜瘻管、食道癌、放化療