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Open wound management of esophagocutaneous fistula in unstable cervical spine after corpectomy and multilevel laminectomy: A case report and review of the literature

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Abstract

A 67-year-old female patient developed an esophagocutaneous fistula 4 months after C4 and C5 partial corpectomy. Plain radiograph and computed tomography (CT) scan of cervical spine showed inferior screws pullout with plate migration that caused the esophageal perforation. Management included removal of anterior hardware, revision C4-5 corpectomy, iliac crest strut autograft and halo

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