A young Kashmiri lady M 30yrs of age presented to a premier medical college hospital in Srinagar in March 2000 with the chief complaints of having ingested ‘nadroo’ (lotus stem, which is locally relished) that was stuck in her throat. She was reviewed by ENT specialist on call and admitted for emergency oro-pharyngoscopy. An X-ray chest was done that revealed the nadroo to have been lodged in the upper part of the esophagus. So a rigid esophagoscopy was undertaken for the bolus impaction. The surgeon had apparently pushed the nadroo down into the stomach. After the procedure a nasogastric tube was left in place. But the patient did not improve even after three days. She now had odynophagia and dysphagia continued. She was recommended to have a barium swallow. The hospital gave her a date for one and half months later forcing her as inpatient to get it done privately. The study revealed iatrogenic esophageal perforation post rigid esophagoscopy. On the 9th day of admission patient was referred to Sher-e-Kashmir Institute of Medical Sciences (SKIMS) Srinagar for further management.

Patient underwent Ivor-Lewis esophagectomy with esophago-gastric anastomosis. Unfortunately even after the procedure the patient continued to have difficulty in swallowing, fever, and cough. Within a few weeks she had a swelling in the axilla which ruptured and produced a persistent discharging sinus. The Cardio-Vascular-Thoracic team of SKIMS could not locate the leakage post surgery and ultimately discharged the patient home on only fluid diet awaiting spontaneous recovery with antibiotics and time! Again unfortunately this did not happen even months after discharge from the hospital. The husband of the patient decided to take M to All India Institute of Medical Sciences (AIIMS) New Delhi in February 2001 for further assessment as the patient continued to cough while drinking any fluid. Investigations at AIIMS revealed an emaciated patient with a discharging sinus from the right thorax which was sterile. The Barium meal at AIIMS showed massive leak from the anastomosis site to the lung, and out from the skin (see figure 1).
AIIMS offered surgical intervention again after nutritionally restoring her to some extent. Patient returned to Srinagar to attend a Hakeem for Alternative Medicine. Apparently the leakage had stopped. However she would now cough up blood on and off.

In March 2003 patient was once again taken to New Delhi to Rajiv Gandhi Cancer Institute for further investigations. Barium Studies, Gastrographin and CT Scans showed Pharyngo-Pleural fistula that had healed. They referred the patient to AIIMS where in May 2003 the doctors operated her for right lower lobe empyema and removed two of her right lower ribs. After returning to Srinagar the patient observed passage of food particles on and off from the previous fistula site from right axillary area.

In 2004 the family took M to PGI Chandigarh where Barium Studies and CT Scan initially showed ‘No Leakage’ but further tests with Coloured water ingestion revealed evidence of some leak (see figure 2).

Figure 1. Barium study shows anastomosed esohagus-stomach and fistula from lung, pleura` to the skin.

Figure 2. CT Scan chest after ingestion of Barium shows spillage into chest and out towards the chest wall and skin.

The team of Doctors decided against surgery and advised repeated dilatations of her parynngo-esophago-gastric anastomosis. She had one session at PGI Chandigarh and referred back to SKIMS Srinagar where upto 2006 she had six dilatation sessions with the Department of Gastroenterology. As she used to undergo these sessions under General Anesthesia unlike what was done at PGI Chandigarh, where Local Anaesthesia was used for the first dilatation, patient decided not to have further dilatation sessions.

In 2007 the patient complained of acute abdominal pain. An ultrasound abdomen revealed multiple gallstones and an X-ray chest showed right lower lobe
pneumonia which responded to a course of antibiotics. The patient gets relief for about a month or so then the cycle repeats. Thanks to the initial treatment of her Esophageal Bolus Impaction at SMHS Hospital in 2000 she continues to live a miserable life of an invalid.............

In the world of Evidence Based Medicine and Best of Practices the above true story tells a lot. Not about the individual who inadvertently caused an iatrogenic malady in an otherwise absolutely normal person but about an archaic system in Kashmir that desperately needs a revamp and all the Healthcare Providers have a tangible contribution to make in order to restore it to its previous glory!

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**Conflict of Interest:** None