Introduction:
The aim of our retrospective analysis is to evaluate the results of conservative management of acquired Tracheoesophageal fistulae (TEF). TEF are rare but potentially life-threatening emergencies which can be of either spontaneous or iatrogenic origin. Spontaneous ones can be congenital or secondary to malignancy. For acquired ones numerous causes have been documented, the most common of which are endotracheal and tracheostomy tube-related injuries.

Methods:
From February 2017 to March 2020 seven patients (5 men; 2 women) with acquired TEF were diagnosed in our intensive care unit (ICU). The injury occurred after dilational percutaneous tracheostomy in 3 patients, after esophageal endoscopy in 1 patient, after cuff-related ruptures in the 3 intubated and mechanically ventilated patients. Our patients had no particular medical history. Mean age: 46 years. Mean duration of signs before diagnosis: 8 hours. All our patients had a Level III B lesion. The median length of the injury was 1,4 cm. The mean duration of hospitalization in the ICU was 31 days.

Results:
All patients underwent conservative management: antibiotic therapy, close brochoscopic controls, percutaneous endoscopic gastrostomy and tomographic investigation. No mediastinitis was observed. Two patients died from causes unrelated to the tracheal injury.

Conclusion:
Successful management of acquired TEF requires a fast and straightforward diagnostic evaluation. According to our experience conservative management of TEF may be a save option in patients with uncomplicated ventilation and moderate and nonprogressive emphysema. Written informed consent for the publication of these details was obtained from the participants.