Annals of Gastroenterology (2019) **32**

Authors' reply

Daryl Ramai[a], Alexis Bivona[b], William Latson[b], Andrew Ofosu[c], Emmanuel Ofori[d], Madhavi Reddy[d], Douglas G. Adler[d]

The Brooklyn Hospital Center, NY; St George's University, True Blue, Grenada, WI; University of Utah School of Medicine, Huntsman Cancer Center, Salt Lake City, Utah, USA

Thank you very much for your comments, with which we agree. The anatomy of a relatively weaker and less perfused tracheal wall may indeed account for the migration of atrial septal defect (ASD) occluder devices. We also thank you for highlighting the potentially greater risk of an off-label use of this device. We would like to add that the use of ASD occluder devices for treating tracheoesophageal fistulas is largely experimental. There are limited data on the use of ASD devices for this indication and endoscopists should balance the relative risks and unknowns of using this device with the potential benefits it offers. Future data may shed more light on the role of ASD devices in treating tracheoesophageal fistulas.

[a]Department of Medicine, The Brooklyn Hospital Center, NY (Daryl Ramai); [b]School of Medicine, St George's University, True Blue, Grenada, WI (Alexis Bivona, William Latson); [c]Division of Gastroenterology and Hepatology, The Brooklyn Hospital Center, NY (Andrew Ofosu); [d]Division of Gastroenterology and Hepatology, University of Utah School of Medicine, Huntsman Cancer Center, Salt Lake City, Utah (Emmanuel Ofori, Madhavi Reddy, Douglas G. Adler), USA

Conflict of Interest: None

Correspondence to: Douglas G. Adler MD, FACG, AGAF, FASGE, Division of Gastroenterology and Hepatology, University of Utah, School of Medicine, Huntsman Cancer Center, Salt Lake City, Utah, USA, e-mail: Douglas.adler@hsc.utah.edu

Received 28 November 2018; accepted 29 November 2018; published online 7 December 2018

DOI: https://doi.org/10.20524/aog.2018.0334