**Introduction**

- Hemoptysis is a rare presentation of pharyngoesophageal erosion (PE), the incidence of which is unknown.
- We present an interesting case of a patient with history of anterior cervical discectomy and fusion (ACDF) who complained of recurrent hemoptysis and had spinal hardware eroding into the cricopharynx.

**Case Description**

- A 67-year-old male with history of C4-C7 ACDF in 1999 with subsequent C3-C4 ACDF in 2017 presented with complaints of mixed hematemesis and hemoptysis.
- Two years prior, he had an episode of hemoptysis with extensive evaluation without a clear identifiable source. Esophagoduodenoscopy (EGD) performed at that time showed a friable oral lesion in the tonsillar area with no evidence of bleeding or prominent vasculature on follow-up fiberoptic laryngoscopy. A second EGD performed four months prior to admission was normal.
- On presentation, the patient had large volume hematemesis and hemoptysis eventually requiring a total of three units of packed red blood cells. CT with GI bleed protocol was negative and therefore repeat EGD was performed which showed spinal hardware including screws in the cricopharynx (Figure 1). CT soft tissue neck with contrast (Figure 2) was obtained revealing increased lucency around the metal screws in all vertebral bodies, worse at C3 consistent with loosening.
- The patient was transferred to a tertiary care facility. ACDF hardware was removed and a pharyngoplasty was performed using sternocleidomastoid (SCM) flap and free fat graft from left thigh without any complications.
- He was discharged to home on postoperative day two at which time he was tolerating oral intake. Pharyngogram was performed on postoperative day four which demonstrated no contrast leak.

**Discussion**

- ACDF is a common spinal surgery performed for degenerative cervical disc disease, cervical radiculopathy and/or myelopathy and fractures. It is associated with a low postoperative morbidity. The most common complications after ACDF include dysphagia, recurrent laryngeal nerve injury, hematoma, infection and Horner's syndrome.
- PE is an uncommon complication that is associated with high morbidity and mortality and occurs in up to 1.52% of cases. However, this incidence rate is based on very limited data.
- Most commonly this complication is seen intraoperatively but in rare cases, as in our patient's case, it is a delayed presentation due to chronic trauma from hardware or from partial or full extrusion of the hardware.

**Conclusions**

- Our case highlights PE as a rare complication of ACDF and the importance of early recognition.
- PE should be suspected in any patient with a prior history of ACDF presenting with unexplained hemoptysis.
- PE is a surgical emergency.
- While our patient remained hemodynamically stable, delay of care due to improper diagnosis could have led to a fatal outcome.

**References**