Authors' reply

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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.

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