Primary aortogastric fistula: an extraordinary rare endoscopic finding in the setting of upper gastrointestinal bleeding

A 78-year-old lady with a history of arterial hypertension and left upper lobectomy 4 months previously for stage IIB lung adenocarcinoma was admitted to our bleeding unit with severe anemia (hemoglobin level on admission 6.7 g/dL) and recent onset of melena. No hemodynamic instability was observed and, after a blood transfusion had been given, urgent esophagogastroduodenoscopy was performed with the patient under monitored anesthesia care. The retroflexion maneuver revealed an extrinsic pulsating bulging mass, partially covered by adherent large blood clots, originating from the fundus and extending to the posterior wall of the proximal body of the stomach. No active bleeding was noted (▶Fig. 1; ▶Video 1).

Emergent computed tomography angiography revealed a ruptured thoracoabdominal aortic aneurysm (TAAA) within a 7 × 6-cm periaortic hematoma that was compressing the gastric wall. No contrast extravasation into the stomach was noted (▶Fig. 2). The TAAA involved the proximal part of the celiac artery and was located around 12 mm above the origin of the superior mesenteric artery (SMA) (▶Fig. 3). The patient was immediately transferred to the surgical theatre. After prompt multidisciplinary evaluation, endovascular stent grafting was successfully performed just above the SMA ostium. A subsequent gastric surgical repair was planned after clinical stabilization had been achieved. Unfortunately, the patient succumbed on post-operative day 2 from multiorgan failure.

Primary aortoenteric fistulas are communications between the native aorta and any part of the gastrointestinal (GI) tract, with a reported incidence of 0.07% [1]. A primary aortogastric fistula (PAGF) is an extraordinary location for this [1], with an extremely high mortality [2]. To date, endoscopic images of PAGFs have only been provided in three case reports [3–5]. This is the first video to show with ex-
Exceptional clarity the endoscopic appearance of a PAGF. GI endoscopists should be aware of this life-threatening, albeit extremely rare, cause of GI bleeding in order to provide early diagnosis and treatment.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AZ

Competing interests

The authors declare that they have no conflict of interest.

The authors

Alberto Martino¹, Raffaele Bennato², Gaspare Oliva², Armando Pontarelli³, Desiree Picasia¹, Luigia Romano², Giovanni Lombardi³

1 Department of Gastroenterology and Digestive Endoscopy, AORN “Antonio Cardarelli”, Napoli, Italy
2 Department of General and Emergency Radiology, AORN “Antonio Cardarelli”, Napoli, Italy
3 Department of Vascular Surgery, AORN “Antonio Cardarelli”, Napoli, Italy

Corresponding author

Alberto Martino, MD
Gastroenterology and Digestive Endoscopy, AORN Antonio Cardarelli, Via Antonio Cardarelli 9, 80131 Naples, Italy
Fax: +39-081-7472232
alberto-martino@libero.it

References


Bibliography

DOI https://doi.org/10.1055/a-1180-7701
Published online: 2020
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos