Aortoesophageal fistula (AEF) is a rare but lethal entity that is difficult to diagnose [1]. Despite the promising efficacy of thoracic endovascular aortic repair (TEVAR), which promotes the clinical use of this procedure, the incidence of AEF after TEVAR (post-TEVAR AEF) has increased, making it a major complication [2].

A 77-year-old man who had undergone TEVAR 2 years previously was hospitalized for an iliopsoas abscess. He also had intermittent tarry stools and progressive anemia. Upper gastrointestinal endoscopy (UGE) revealed a submucosal tumor (SMT)-like protrusion that included ulcerative lesions in the upper esophagus (Fig. 1a). Contrast-enhanced computed tomography (CT) imaging revealed extravasation of contrast outside the aortic lumen (Fig. 1b). The man’s symptoms were due to the presence of a post-TEVAR AEF accompanied by a stent graft infection; subsequently, a second TEVAR procedure was performed. Seven days postoperatively, UGE revealed an ulcerative lesion without debris (Fig. 1c). Two months postoperatively, the contrast-enhanced CT image showed contrast agent in the aortic lumen with no evidence of leakage (Fig. 1d).

Also at 2 months postoperatively, UGE revealed a recess with an ulcer scar replacing the initial SMT-like lesion (SMTL) (Fig. 2a). Two centimeters from the initially detected AEF lesion on the anal side, another SMTL was identified, which had not been found at the first post-TEVAR AEF detection on UGE. The SMTL protruded into and withdrew out of the esophagus in synchronization with breathing (Fig. 2b). White-light and narrow-band endoscopic imaging showed that the normal mucosa was elongated with normal vessels near the SMTL (Video 1).

We suspected that the secondary SMTL originated as a granular mass lesion due to mediastinal infection from the post-TEVAR AEF onto a fragile localized muscular defect [3–5]. Seven months later, a similar SMTL was identified at the AEF scar (Fig. 2c, d).

In this article we have described a rare endoscopic finding obtained during the long-term follow-up of a post-TEVAR AEF with SMTL showing anomalous movement.

Conflict of Interest

The authors declare that they have no conflict of interest.
The author

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Endoscopy 2024; 56: E61–E62
DOI 10.1055/a-2229-4347
ISSN 0013-726X
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