Secondary aortoesophageal fistula (AEF) is a catastrophic complication of endovascular graft placement [1]. The typical symptom of secondary AEF is massive gastrointestinal bleeding with a history of thoracic aortic aneurysm repair [2]. Endoscopy is the most sensitive and specific diagnostic study [3]. Endoscopy should be carefully performed, as it excludes other, more common causes of upper gastrointestinal bleeding, but should be terminated if a fistula is identified. We present an endoscopic finding of secondary AEF.

A 60-year-old woman was diagnosed with a mycotic thoracoabdominal aortic aneurysm and underwent resection of the aneurysm with an in-situ prosthetic interposition graft. Two weeks later, she developed massive hematemeses with hypotension. Emergency esophagoscopy revealed that the graft had eroded into the upper esophagus, with active bleeding (Fig. 1). Angiography with endovascular stenting and coil embolization were performed but failed to control the bleeding (Fig. 2). The patient died from exsanguinating hemorrhage.

References

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Endoscopy_UCTN_Code_CCL_1AB_2AC_3AG

Endoscopic diagnosis of secondary aortoesophageal fistula

Fig. 1  Endoscopic view showing the Dacron graft in the upper esophagus with bleeding.

Fig. 2  Aortogram showing the endovascular stent with coil embolization and continuous leakage.