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Upper Gastrointestinal Bleeding due to a Secondary Aortoenteric Fistula: Endoscopic Images



Figure 1 A 72-year-old man was referred to our hospital with fever and melena. He had undergone surgery 14 months previously for treatment of an infrarenal aortic aneurysm, with the insertion of a bifurcated aortic endoprosthesis, as seen on this plain abdominal radiograph.



Figure 2 Esophago-gastroduodenoscopy showed a normal-appearing esophagus and stomach, but the distal duodenum was occupied by a large blood clot. After removal of the blood clot, it was found that the aortic graft was protruding and had formed a fistula into the duodenum. The graft was resected, and an axillary-iliac bypass was constructed from the right subclavian artery, with primary closure of the duodenal perforation. Four months later, the patient remained in excellent condition.