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

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 Esophagogastroduodenoscopy 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.