

Endoscopic diagnosis of secondary aorto-esophageal fistula

Secondary aorto-esophageal 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 hematemesis 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.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AG

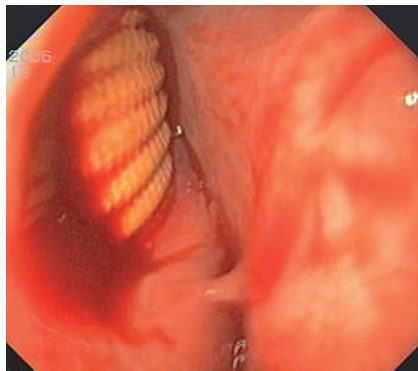


Fig. 1 Endoscopic view showing the Dacron graft in the upper esophagus with bleeding.



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

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DOI 10.1055/s-2007-995549

Endoscopy 2008; 40: E90

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