

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Vascular Diseases Quiz – Case 58

A 85-year-old patient was admitted to our department due to hematemesis and hematochezia. He was hemodynamically unstable, with mild abdominal pain. The patient had a past medical history of atrial fibrillation, arterial hypertension, dyslipidemia and open abdominal aortic aneurysm repair 18 years ago. The patient suffered from several episodes of bacteremia over the past year. Urgent upper gastrointestinal tract (GI) endoscopy revealed adherent clot within the duodenum with no signs of active bleeding.

What is the most likely diagnosis?
Which is the optimal treatment?

Comment

Aortoenteric fistulae (AEF) remain rare clinical entity, despite the increase of abdominal aortic aneurysm (AAA) incidence. The incidence has been reported to be 1.6% after open AAA repair, while endovascular aortic repair (EVAR) decreases the incidence of AEF to the range of 0.02% to 0.46%. Delays in diagnosis can be particularly disastrous in the setting of AEF. Computed tomographic angiography (CTA) is the mainstay of diagnosis. Effacement of distinct soft tissue planes between the enteric structure and the aorta/aortic graft, with thickening of the soft tissue between the GI tract and the aorta/aortic graft is frequently found. Ectopic air within the aortic sac, or surrounding the aortic graft is highly suggestive of infection. Extravasation of contrast into the bowel lumen is rarely

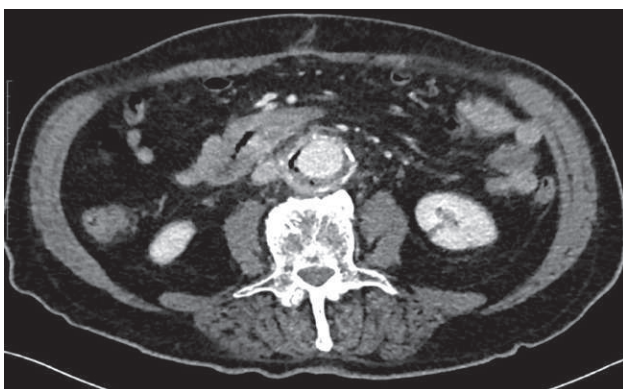


Figure 1

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2021, 38(2):278

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found, but pathognomonic of an AEF. Upper GI tract endoscopy findings include adherent clot at the duodenum or infrequently active bleeding. The foundation of therapy remains accurate and timely diagnosis, antibiotic therapy, resuscitation, surgical resection and debridement, and in situ arterial and enteric reconstruction. Stent grafts and coils may all be used to temporize bleeding, thereby converting an AEF surgical repair to a more elective procedure, or as a definitive treatment in selected cases.

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Answers: (A) Aortoenteric fistulae; (B) In situ open reconstruction