

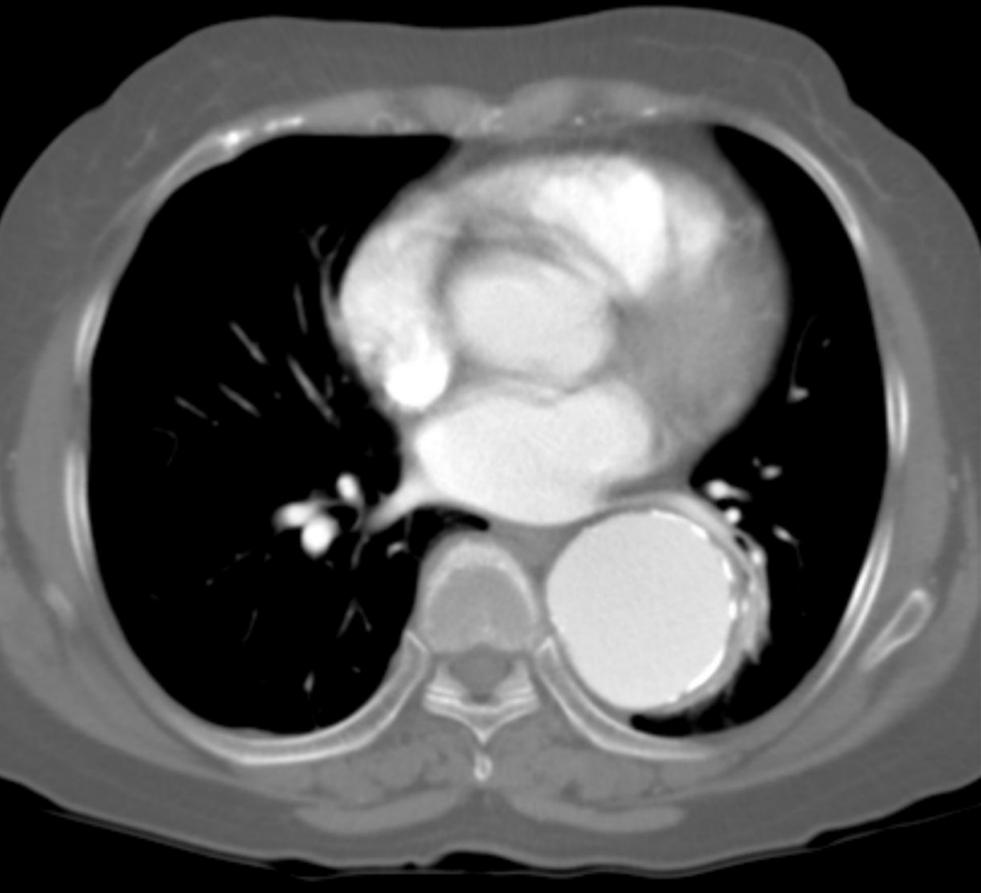
F/73

C.C.> Hematemesis (onset: '10/02/21)

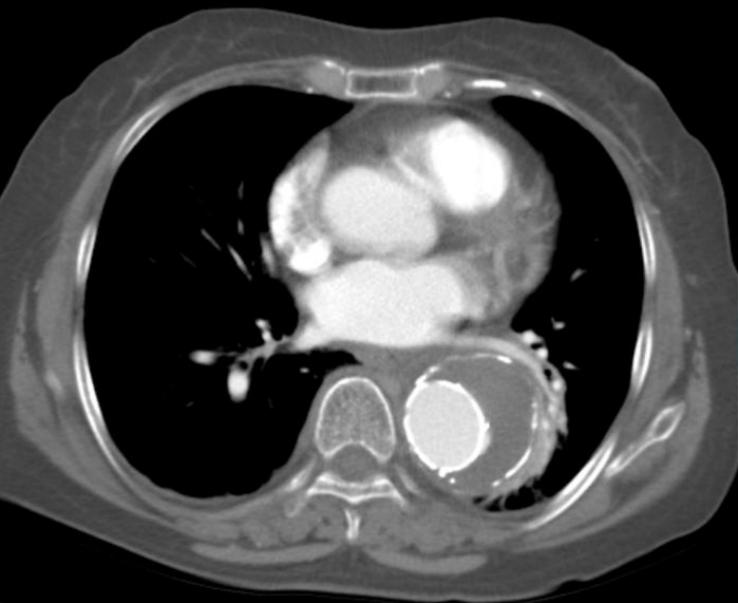
ER initial Lab: Hb 13.2, WBC 12,400 (Seg 83%)

CRP 4.5mg/dL

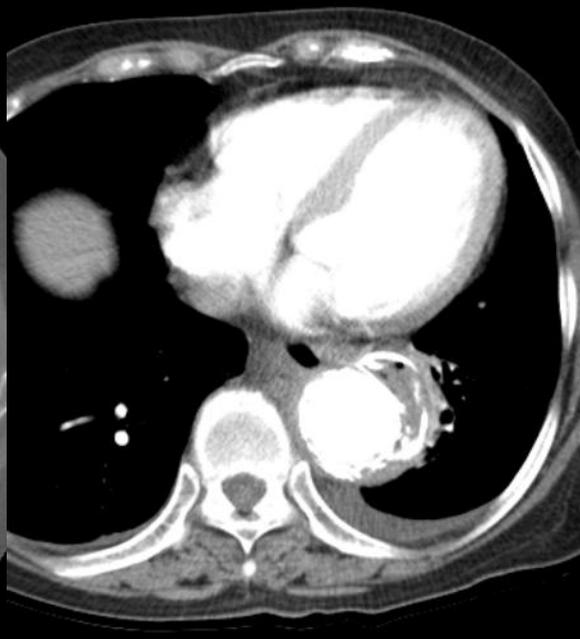
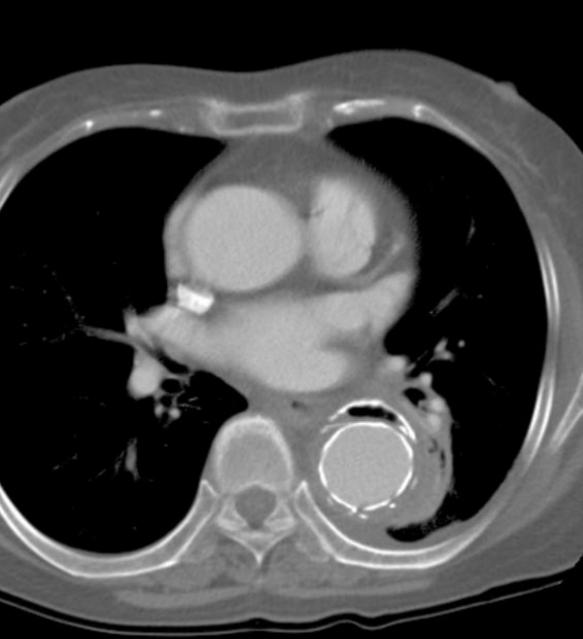
2009-12-02



s/p stent insertion (09.12.10) → F/U CT (09.12.14)



2010-02-22 out-side Chest CT



Pathologic diagnosis

- Esophagus, segmental resection
Perforation (size: 1.3 x 1.2cm)
 - with 1) fresh and old hemorrhage
 - 2) intramural cholesterol granulomas
 - 3) chronic active inflammation
- Descending Aorta segmental resection
Aortic wall with 1) acute suppurative aortitis
2) infected thrombi (abscess)
- Consistent with **MYCOTIC ANEURYSM**
→ clinically aorto-esophageal fistula

Aorto-esophageal fistula (AEF) after thoracic aortic stent-graft placement

- A rare and unusual complication of TEVAR
- Occurs relatively early after the procedure ; within 1 to 16 Mo
- Initial Dx ; acute & chronic aortic dissection / thoracic aortic aneurysm
- New-onset fever with elevated inflammatory markers or hematemesis → heighten clinical suspicion of AEF in TEVAR Pt.
- Prompt CT or esophago-gastro-duodenoscopy
 - New inhomogenous soft density mass between the aorta and esophagus
 - Deep esophageal ulcerations at the level of the implanted aortic stent-graft in 4 patients
 - only mild erosive lesions within the proximal esophagus without signs of active bleeding in the remaining 2 patients
- Prognosis: invariably fatal
 - Surgical repair was performed in only 1 patient
 - Declined in the remaining because of comorbidities and multiorgan system failure.
 - All patients died due to fatal rebleeding(n=4) or mediastinitis(n=2)