

Expulsion of Vascular Atheroma through Aorto-Esophageal Fistula

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Fig 1. CT scan: the aortic atheroma is visible (arrow) beyond the ring of the vascular stent.



Fig 2. Endoscopic view of the whitish atheroma emerging in the esophageal lumen across the fistula.

An 83-year-old man with a recent history of descending thoracic aorta stenting for aneurysm presented in the emergency room with hematemesis. At esophagogastroduodenoscopy (EGDS), the lumen of the middle esophagus was restricted by a tense round imprint, with a delimited whitish area of ischemic mucosa. The thoracic CT-scan evidenced, proximally to the endoluminal stent, a deep ulcer penetrating the aortic wall, containing a calcific atheroma (Fig. 1). Vascular surgeons covered the ulcer by means of a second stent, to prevent a catastrophic bleeding due to an inevitable perforation. In the following days, the patient was asymptomatic and hemodynamically stable, and a second EGDS showed no morphological differences of the esophageal imprint. The patient was discharged without cardiological or digestive symptoms on a smooth diet.

The third EGDS, performed one month later, revealed a whitish irregular mass emerging from a large well-delineated depression, signs of expulsion of the aortic atheroma through the esophageal wall, under the constant push of

the vascular stent (Fig. 2). The patient complained only of a slight dysphagia. No other interventional manoeuvre was achieved in this ASA III patient. He died 5 months later from bacterial pneumonia without major alteration of the esophageal transit.

Bleedings from aorto-esophageal fistulas are already described in the literature [1], including vascular stent management [2], but complete migrations of atheroma from aorta to the esophageal lumen are rare, most of all without major digestive sequelae.

References

1. Amin S, Luketich J, Wald A. Aorto-esophageal fistula: case report and review of the literature. *Dig Dis Sci* 1998; 43: 1665-1671.
2. Jonker FHW, Heijmen R, Trimarchi S, Verhagen HJM, Moll FL, Muhs BE. Acute management of aortobronchial and aorto-esophageal fistulas using thoracic endovascular aortic repair. *J Vasc Surg* 2009; 50: 999-1005.