

AORTODUODENAL FISTULA

An 81-year-old man was seen at another centre with profound rectal bleeding, hypotension and a history of intermittent syncope for 3 days. He denied having any abdominal or back pain. His medical history included repair of an infrarenal abdominal aortic aneurysm with an aortobifemoral bypass graft 13 years previously. His hemoglobin level was 62 g/L. Upper gastrointestinal endoscopy demonstrated active bleeding in the fourth part of the duodenum.

Computed tomography of the abdomen (Fig. 1) showed contrast material passing from the infrarenal abdominal aorta (A) to the overlying duodenum (D). A diagnosis of aorto-duodenal fistula (F) was made. The patient was resuscitated aggressively with 15 units of blood and 4 units of fresh-frozen plasma and then transferred.

On arrival at our centre he immediately underwent laparotomy. The small bowel was full of blood. A bifurcated graft was seen to originate 4 cm

infrarenally, and above this a frankly aneurysmic aorta with a fistulous connection to the duodenum was found. The old graft was excised and replaced with a rifampin-impregnated graft. The patient was returned to the intensive care unit but died of multisystem organ failure 32 days later.

Aortoenteric fistula should be considered in any patient with a history of aortic aneurysm repair who presents with significant upper or lower gastrointestinal bleeding.

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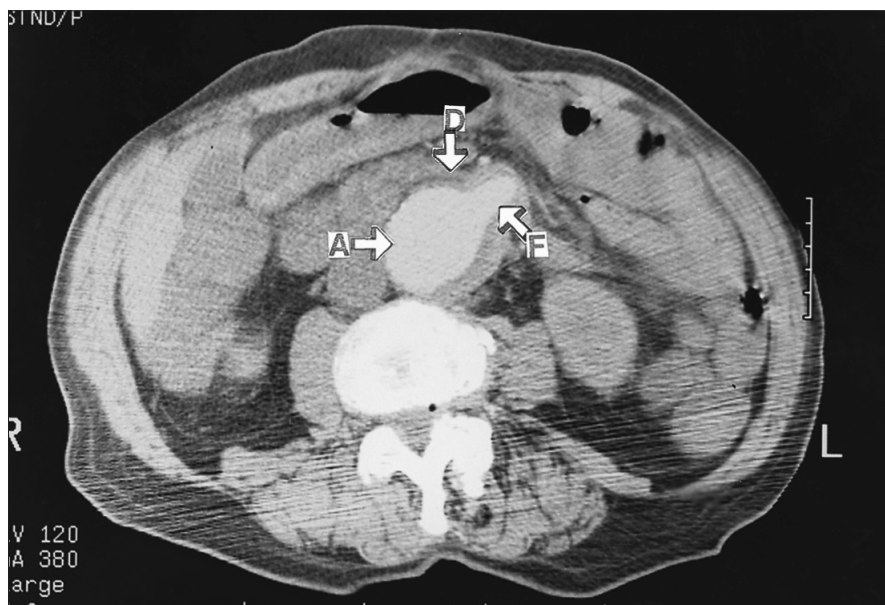


FIG. 1