Periaortic cutaneous fistula 10 years after type A aortic dissection

Willemijn M.M. Kuiten*, Abdullah Kaya and Henry A. Van Swieten

Department of Cardiothoracic Surgery, University Medical Center St. Radboud Nijmegen, Nijmegen, Netherlands

* Corresponding author. Department of Cardiothoracic Surgery, Huispost 677, Postbus 9101, 6500 HB Nijmegen, Netherlands. Tel: +31-24-3614744; fax: +31-24-3540129; e-mail: W.Kuiten@ctc.umcn.nl, willemijnkuiten@gmail.com (W.M.M. Kuiten).

Received 2 September 2013; received in revised form 17 October 2013; accepted 21 October 2013

Keywords: Wound infection • Fistula • Aortic prosthesis

A 66-year old patient developed a sternal wire fistula 10 years after supracoronary ascending aorta replacement. Two months after removal of the wire, she had fever and sternal wound infection. Imaging showed a fistula to the aortic prosthesis (Fig. 1A and B). She was treated by prolonged intravenous antibiotics and an omentum plasty (Fig. 1C and D).

Figure 1: (A) Computed tomography (CT) axial image with contrast injection in the wound with illustration of the peri-aortic cutaneous fistula (arrow) and the aortic prosthesis. (B) Sagittal CT reconstruction demonstrating the fistula (arrow). (C) Axial CT image of the aortic prosthesis and the omentum plasty. (D) Sagittal image of the omentum plasty and no signs of a fistula. Ao: aorta; Om: omentum.