Aortoesophageal fistula, a catastrophic complication soon after successful repair of an aortic dissection type A

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A 66-year-old man with a history of arterial hypertension underwent emergency cardiac surgery for aortic dissection type A, diagnosed by a computed tomographic scan (Panel A) after abdominal pain and syncope. The lesion was repaired with a Dacron tubular prosthesis. In the postoperative period, he improved his condition slowly under mechanical ventilation and inotropic support. At postoperative day 12, he was awake with minimum inotropic support and in weaning from mechanical ventilation.

Suddenly, he presented massive haematemesis. Under the suspicion of an aorto-oesophageal fistula, an urgent upper gastrointestinal endoscopy was performed, showing active bleeding at 36 cm from the dental arcade.

Resuscitation required transfusion of 13 packed red blood cells, four units of fresh frozen plasma, and seven units of platelets.

A Sengstaken–Blackmore tube was inserted in order to contain the bleeding, which was successful for a while.

After stabilization, an aortogram was performed (Panels B–D), which revealed contrast leak with active bleeding in the descending thoracic aorta from the true lumen to the oesophagus, at the level of the gastric balloon of the Sengstaken tube which was placed at the oesophagus (Panel C).

The placement of an endovascular stent graft was impossible because of the extensive lesions in the aortic wall.

The patient died 15 h after the initial bleeding, in a situation of refractory shock and persistent bleeding.

Aortoesophageal fistula is an uncommon complication in the early postoperative period of aortic dissection type A, usually fatal as a result of exsanguinating haemorrhage before assessment and any treatment can be undertaken.

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