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Aortoesophageal fistula as a rare cause of upper gastrointestinal hemorrhage

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An aortoesophageal fistula (AEF) is an exceedingly rare and life-threatening cause of upper gastrointestinal bleeding, particularly in patients with vascular prostheses. Endoscopic findings in such cases are scarcely described.

CASE REPORT

We describe the case of a 73-year-old male admitted to the Emergency Department with hematemesis and altered consciousness. His history included ascending thoracic aortic dissection repair with endovascular prosthesis placement 25 years prior. Upon

admission, he presented with signs of hypovolemic shock and hemoglobin of 6.5 g/dl. Following hemodynamic stabilization, upper gastrointestinal endoscopy revealed a mid-esophageal rupture, characterized by a pulsatile, violaceous, firm protrusion, without active bleeding.

Contrast-enhanced computed tomography (CT) angiography confirmed an ascending aortic hematoma, adjacent tissue densification, wall irregularities, and contrast extravasation around the aortic prosthesis. Fat densification, gaseous effusion, and absence of a cleavage plane between the aorta and esophagus suggested an aortoesophageal fistula with intraluminal aortic prosthesis protrusion with hemorrhage contained by the hematoma. Surgical correction was deemed unfeasible, and the patient succumbed to massive hemorrhage hours after admission.

DISCUSSION

Although rare, AEF should be considered in cases of hemodynamically unstable upper gastrointestinal bleeding. This condition is challenging to manage, with a high mortality due to massive hemorrhage. This case is notable for its unique imaging findings.

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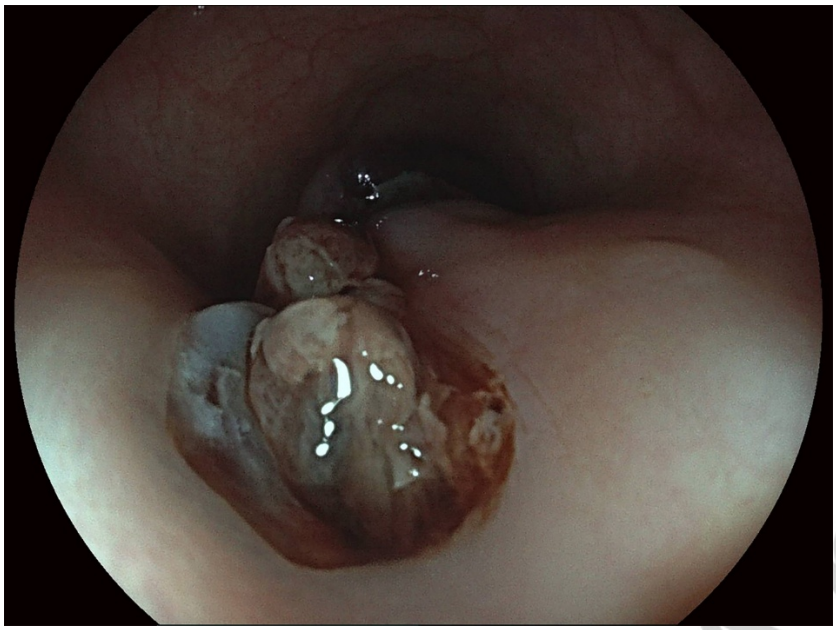

Fig. 1. Pulsatile, violaceous, esophageal mass, with no evidence of active bleeding.

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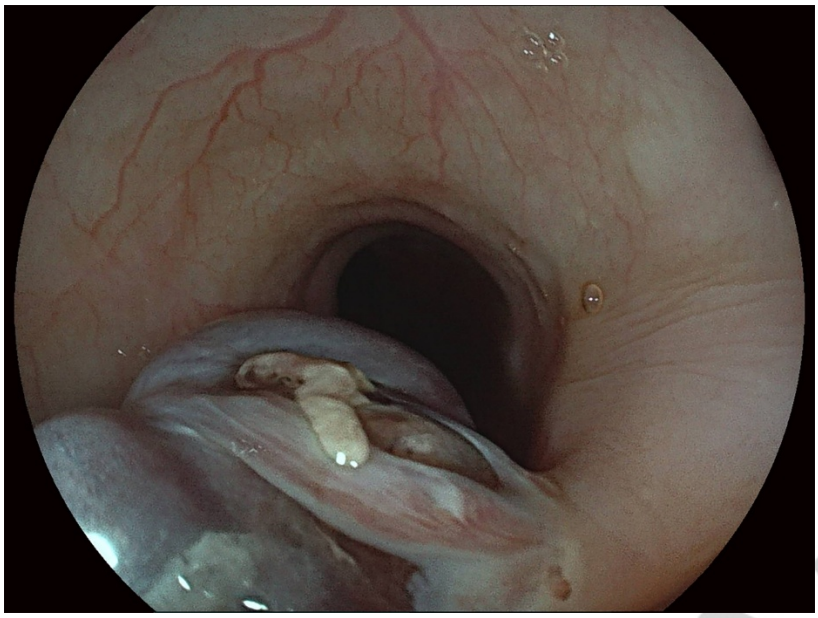

Fig. 2. Firm protrusion arising from the mid-esophagus.