

Title:

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Massive upper gastrointestinal bleeding secondary to an esophago-arterial fistula (arteria lusoria)

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Dear Editor,

A 50-year-old patient with a history of hypopharyngeal cancer, laryngectomy, adjuvant chemoradiotherapy and incompetent tracheoesophageal fistula was admitted for elective pharyngostomal surgery. During the surgery, he presented esophageal bleeding with hemodynamic instability. After stabilization, a gastroscopy was performed through the stoma, showing arterial bleeding 4-5 cm distal to the stoma, which was controlled with three hemostatic clips. After four hours, the patient presented a new episode of bleeding with hemodynamic instability and a Sengstaken-Blakemore tube was placed that stopped the bleeding. Computed tomography angiography (CT angiography) was performed, which showed an aberrant right subclavian artery with a retroesophageal pathway, in close contact with the area where the clips were placed (Fig. 1). An endovascular stent was placed in the right subclavian artery with control of the bleeding after removal of the Sengstaken-Blakemore tube. The patient was discharged seven days later.

Discussion

Aberrant right subclavian artery is an anatomical variation described in 1735 by Hunauld, with a prevalence of 0.5-1.8 % in general population (1). One of the most classic symptoms is dysphagia lusoria (2). There are little more than 20 cases described in the literature of esophageal fistulas of

arteria lusoria, with a mortality rate of 70 %. Nasogastric tube placement and orotracheal intubation have been associated with fistulas. In our case, we believe that both intubation and radiotherapy facilitated the development of the fistula. Given the clinical suspicion, the Sengstaken-Blakemore tube has been shown to be effective to stop bleeding and saving time to carry out a definitive treatment, which can be surgical or endovascular (3). In our case, at first we considered the placement of a fully covered esophageal stent, but this option was discarded as the fistula was so close to the stoma.

References

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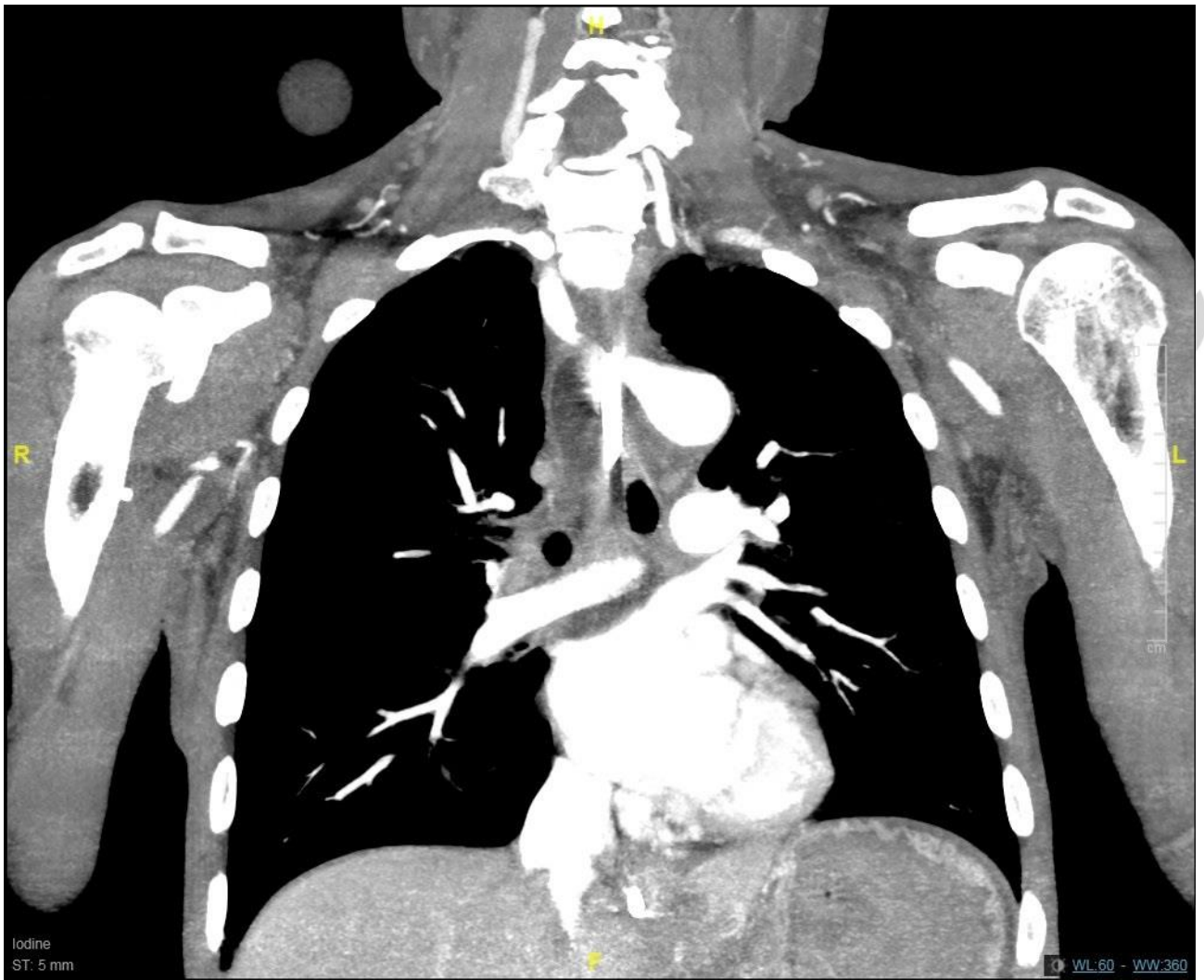


Fig. 1. Arteria lusoria in close contact with esophagus and hemostatic clips.