

A rare but lethal cause of gastrointestinal bleeding – a case report of a patient with secondary aortoduodenal fistula

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Introduction: Gastrointestinal bleeding remains a common cause of hospital admissions. It can vary from the occult, chronic blood loss to a massive, potentially life-threatening hemorrhage. There is a wide range of etiologies, which can cause gastrointestinal bleeding, some of which are rare and difficult to diagnose (1, 2). We present a case of a rather uncommon cause – secondary aortoduodenal fistula.

Case report: 77-year old male with ulcerative colitis, ischemic cardiomyopathy and peripheral arterial occlusive disease with a history of aorto-femoral bypass surgery 15 years ago, was initially admitted to our ward due to haematemesis and melena with abdominal discomfort. On physical examination, he appeared pale but was hemodynamically stable. We performed immediate upper endoscopy. Hemorrhagic gastritis was found with no signs of active bleeding. The patient received fluid therapy, proton pump inhibitor, and blood transfusion, all of which improved his clinical status, he did not experience further discomfort. With a history of ulcerative colitis in mind we performed lower endoscopy and discovered few polyps which were removed, there were no signs of complications or active bleeding. Our patient was dismissed in a stable condition but returned after ten days, with a history of haematochezia and pain in lower abdominal region. After initial fluid therapy and blood transfusions, a computed tomographic angiography of abdominal vessels was performed on the admission day but showed no extravasation. An urgent lower endoscopy was performed, which revealed an ulcer at the site of the previous polypectomy. How-

ever, there were no signs of active bleeding. The patient was regularly monitored, his vital signs were stable, his clinical condition was improving, he experienced no further pain or any discomfort. Fecal occult blood tests were negative, and his hemoglobin values increased appropriately. Unexpectedly, on the fourth day, his clinical condition suddenly deteriorated, he became unresponsive with no vital signs and eventually died despite resuscitation attempt. An autopsy revealed the origin of bleeding; there was a communication between the distal duodenum and aortic graft – a secondary aortoduodenal fistula causing exsanguination.

Conclusion: Secondary aortoduodenal fistula is an uncommon but life-threatening complication of abdominal aortic reconstruction, usually found years after the procedure (1, 2). The most frequent presenting clinical picture is upper gastrointestinal bleeding, and the only correct treatment is an early surgical intervention (3). Unfortunately, the delay in diagnosis is common, a fact which should raise a high suspicion of possible aortoenteric fistula in all patients with a history of aortic surgical intervention presenting with signs of gastrointestinal bleeding (1).

References

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