Expulsion of Vascular Atheroma through Aorto-Esophageal Fistula

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An 83-year-old man with a recent history of descending thoracic aorta stenting for aneurysm presented in the emergency room with hematemesis. At esophagogastroduodenoscopy (EGDS), the lumen of the middle esophagus was restricted by a tense round imprint, with a delimited whitish area of ischemic mucosa. The thoracic CT-scan evidenced, proximally to the endoluminal stent, a deep ulcer penetrating the aortic wall, containing a calcific atheroma (Fig. 1). Vascular surgeons covered the ulcer by means of a second stent, to prevent a catastrophic bleeding due to an inevitable perforation. In the following days, the patient was discharged without cardiac or digestive symptoms on a smooth diet.

The third EGDS, performed one month later, revealed a whitish irregular mass emerging from a large well-delineated depression, signs of expulsion of the aortic atheroma through the esophageal wall, under the constant push of the vascular stent (Fig. 2). The patient complained only of a slight dysphagia. No other interventional manoeuvre was achieved in this ASA III patient. He died 5 months later from bacterial pneumonia without major alteration of the esophageal transit.

Bleedings from aorto-esophageal fistulas are already described in the literature [1], including vascular stent management [2], but complete migrations of atheroma from aorta to the esophageal lumen are rare, most of all without major digestive sequelae.

References