

AORTOESOPHAGEAL FISTULA PRESENTING AS LIFE THREATENING HAEMATESMESIS: A CASE REPORT

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INTRODUCTION

Aorto-esophageal fistula (AEF) is a rare, life-threatening connection between the thoracic aorta and oesphagus, often caused by malignancy, aneurysm, or prior surgery. Diagnosis is challenging and requires high suspicion; CT angiography is the gold standard. This case highlights a secondary AEF post-oesophagectomy in a cancer patient, successfully managed with endovascular stenting. The minimally invasive approach proved effective in a high-risk patient with complex comorbidities.

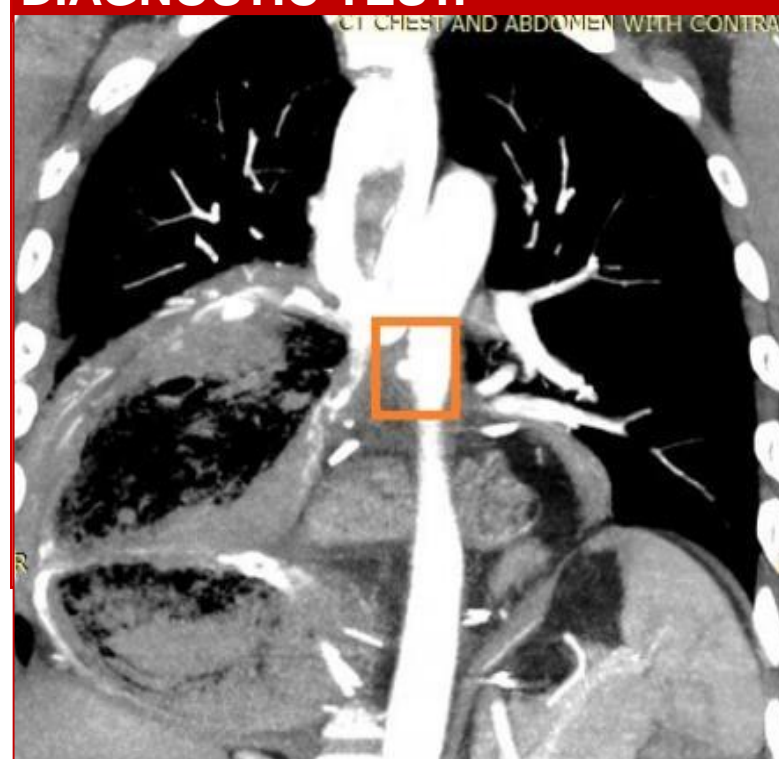
CLINICAL CASE

A 42-year-old male with hypertension, ischemic heart disease, and gastroesophageal junction adenocarcinoma underwent a hybrid Ivor Lewis oesophagectomy after FLOT chemotherapy. He presented two weeks post-surgery with massive haematemesis, hypotension, and anemia (Hb dropped to 5.6 g/dL). Initial resuscitation included blood transfusions, fluids, and vasopressors. Endoscopy showed bleeding at the anastomosis; attempts to control it with clips failed. CT angiography revealed a pseudoaneurysm at T6 with an aorto-oesophageal fistula. Urgent endovascular stenting successfully sealed the fistula. He was stabilized, extubated, fed via NJ tube, and discharged after 14 days with no further bleeding episodes.

DISCUSSION

Aorto-oesophageal fistula (AEF) is a rare, life-threatening emergency, often seen in patients with malignancy or prior thoracic surgeries. It typically presents with Chiari's triad: haematemesis, chest pain, and dysphagia. Diagnosis is challenging; CT angiography is the preferred modality. Endoscopy aids in identifying bleeding sites but may miss the fistula. Due to high surgical risk in this patient, endovascular stenting was chosen, offering effective, minimally invasive management. Early diagnosis and a multidisciplinary approach were essential to a successful outcome.

DIAGNOSTIC TEST:

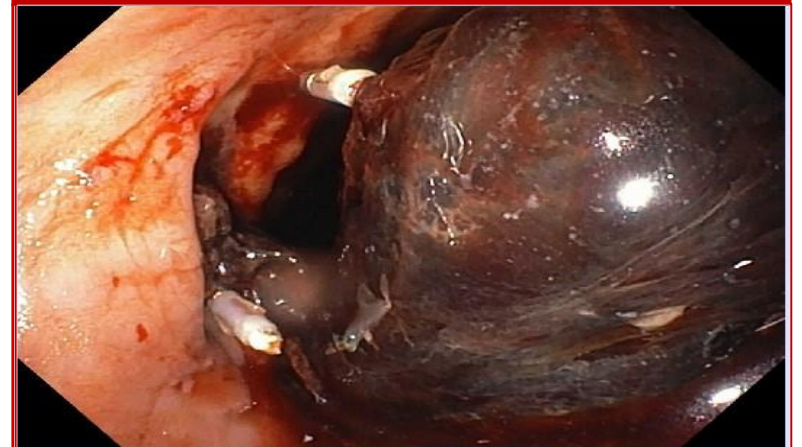


Initial CT scan showing fistulous communications between aorta and gastric conduit

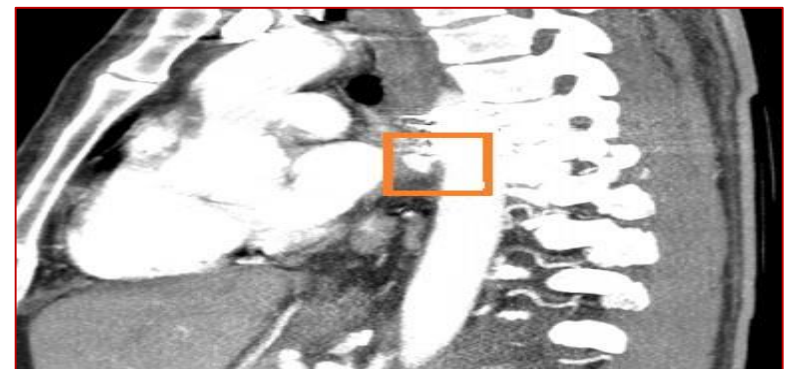


Endoscopy showing large hematoma and some active bleeding from the fistula site to the gastric conduit

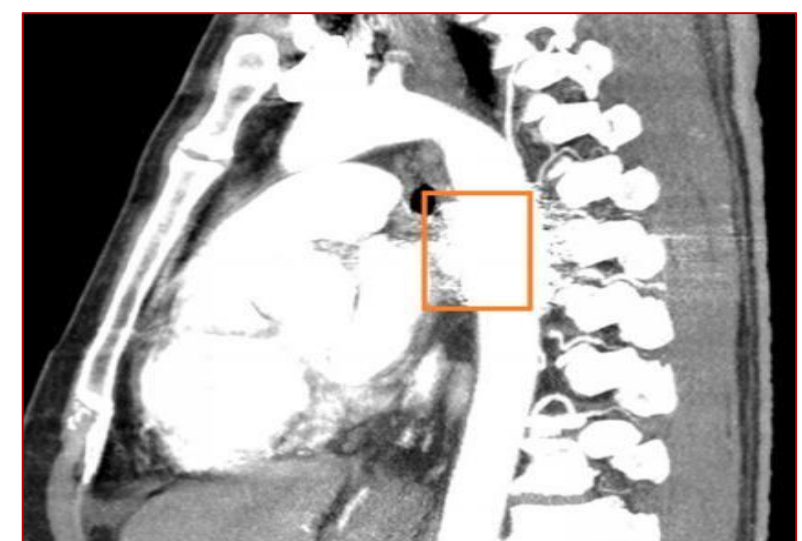
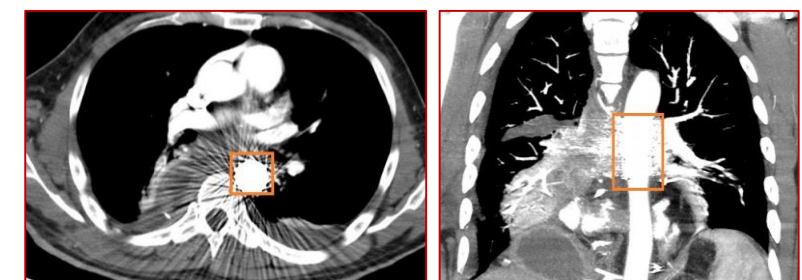
ENDOVASCULAR MANAGEMENT OF AORTO-OESOPHAGEAL FISTULA



Tried endoscopic clips



CT aorto-gram after the first stent placement in the aorta



Repeat CT aorto-gram after the second stent placement in the aorta

CONCLUSION

Aorto-oesophageal fistula is a rare but life-threatening complication post-oesophagectomy. Early recognition using endoscopy and CT angiography is crucial for timely diagnosis. Endovascular stenting offers an effective, minimally invasive treatment in high-risk patients. Multidisciplinary management was key to successful patient recovery and outcome.