

Late Spontaneous Aorto-Enteric Fistula After Endovascular Repair of Abdominal Aortic Aneurysm

Justine Pudzeis

¹ Department of Cardiovascular and Thoracic Surgery, CHU Liege, Liège, Belgium

Arnaud Kerzmann

¹ Department of Cardiovascular and Thoracic Surgery, CHU Liege, Liège, Belgium

Evelyne Boesmans

¹ Department of Cardiovascular and Thoracic Surgery, CHU Liege, Liège, Belgium

Charlotte Holemans

¹ Department of Cardiovascular and Thoracic Surgery, CHU Liege, Liège, Belgium

Delphine Szeceł

¹ Department of Cardiovascular and Thoracic Surgery, CHU Liege, Liège, Belgium

Jean Olivier Defraigne

¹ Department of Cardiovascular and Thoracic Surgery, CHU Liege, Liège, Belgium

Background: Aorto-enteric fistula formation after endovascular repair without previous abdominal surgery is exceedingly rare. It can occur at any time postoperatively.

Methods: This is one case report about spontaneous aorto-enteric fistula 6 years after an elective endovascular abdominal aortic aneurysm repair (EVAR).

Results: We report a case of 82-year-old man who was admitted because of anemia and mixed gastrointestinal bleeding (hematemesis and melena). Six years prior, he undergone an uneventful endovascular repair of an infrarenal abdominal aortic aneurysm. A CT scan performed two months before showed that the stent was in the right position, without evidence of infection. However, we noted a progressive enlargement of the aneurysm sac with no clear evidence of endoleak. In the emergency room, a repeat CT scan showed the presence of massive amount of periprosthetic air bubbles within the aneurysm sac, which raised suspicion for an aorto-enteric fistula. An extra-anatomic axillobifemoral bypass, endograft explantation, aneurysm sac debridement, and enteric repair were be done urgently. Intraoperative cultures from the endograft grew *Streptococcus agalactiae*, *Aggregatibacter segnis*, *Escherichia coli*, and *Bacteroides fragilis*.

Conclusion: The cause of this event is unsettled, as the patient had no evidence of a pre-existing inflammatory process, graft migration, or endoleak. The enlargement of the aneurysm sac with sustained pressure to the enteric wall may have played a contributing role in this rare complication.

Publication History

Article published online:
10 June 2022

© 2022. The Author(s). This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (<https://creativecommons.org/licenses/by/4.0/>)

Thieme Medical Publishers, Inc.
333 Seventh Avenue, 18th Floor, New York, NY 10001, USA

