

A collage of four diamond-shaped images: the top-left shows the illuminated roof of the Liège Sports Palace; the top-right shows the illuminated facade of the Théâtre de Liège; the bottom-left shows a street view of historic buildings in Liège; and the bottom-right shows the Fontaine de la Vierge in Liège.

70TH ESCVS CONGRESS & 7TH IMAD MEETING

20 | 23 JUNE 2022

Liège | Théâtre de Liège | Belgium

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70th ESCVS

International congress of the European Society
for Cardiovascular and Endovascular Surgery



7th IMAD meeting



LATE SPONTANEOUS AORTO-ENTERIC FISTULA AFTER ENDOVASCULAR REPAIR OF ABDOMINAL ANEURYSM

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No disclosure



Case Report

- **82 years old caucasian man**
 - Anemia
 - Hematemesis and melena
- **History**
 - Endovascular repair of an infrarenal abdominal aortic aneurysm (EVAR) 6 years before
 - Pacemaker implantation after third-degree atrioventricular block
- **Treatment**
 - Asaflow 80mg
 - Bisoprolol 5mg
 - L-thyroxine 12.5mcg

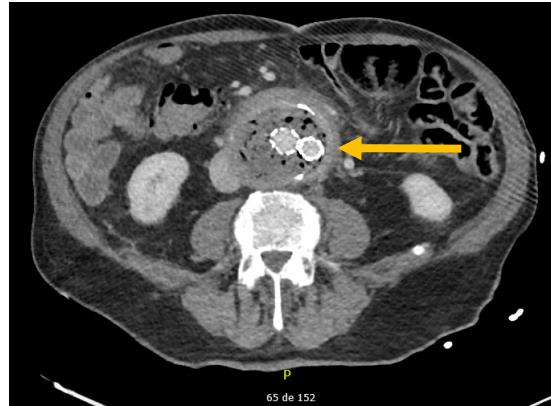
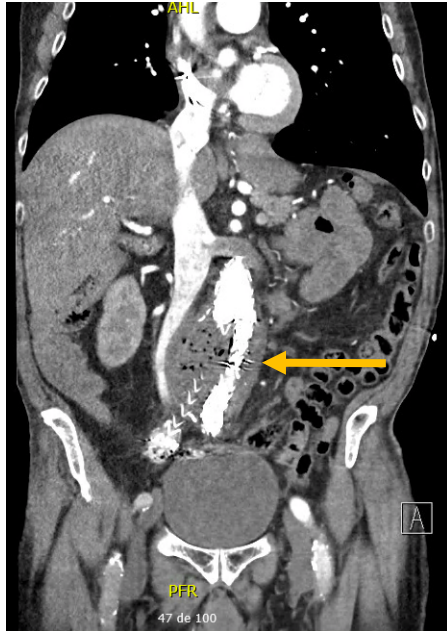
- **Computed tomography (CT) two months before**



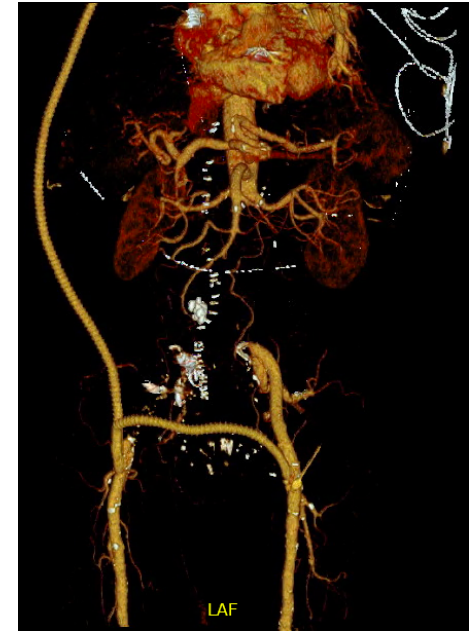


CT in the emergency room & treatment

➤ Suspicion of an aorto-enteric fistula



➤ Extra-anatomic axillo-bifemoral bypass





Discussion

- **Secondary aorto-enteric fistula (AEF) after EVAR**
 - Extremely rare but life-threatening illness
 - Any time postoperatively
 - CT confirms diagnosis in only 80% of cases
- **Mechanisms**
 1. Aortic wall erosion or perforation
 2. Peri-aortic inflammation
 3. Compression
- **Management**
 - Surgical treatment associated with antibiotic therapy



Conclusion

- AEF can occur even after initially successful EVAR, so **long term surveillance is essential**
- **No time limit** for the fistula to occur
- Establishing the diagnosis is more difficult due to the multiple mechanisms leading to formation of AEF
- Diagnosis can be suspected on CT and confirmed by surgery



References

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