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An aortooesophageal fistula in an elderly woman

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DESCRIPTION

A 79-year-old woman presented with a case of hypertensive cardiovascular disease and liver cirrhosis. Her medical history of fish bone with oesophageal perforation and mediastinitis was noted. She suffered from sudden onset of haematemesis while brushing teeth and 500 ml fresh blood was vomited. Emergent panendoscopy (PES) showed a vessel with active spurting over 20 cm from the incisor in the oesophagus. An aortooesophageal fistula (AEF) with active spurting was impressed. Contrast chest CT study in axial (figure 1) and coronal (figure 2) view showed a linear hyperdensity (arrow) and abnormal gas in mediastinum between swollen oesophagus (E) and aortic arch with a small pseudoaneurysm (arrow head). Fish bone penetrated the oesophagus resulting in mediastinitis and mycotic aneurysm of the aorta was considered. Thoracic endovascular aortic repair (TEVAR) was per-

Figure 1 Contrast chest computed tomography (CT) in axial view showed a linear hyperdensity (arrow) and abnormal gas in mediastinum between swollen oesophagus (E) and aortic arch with a small pseudoaneurysm (arrow head).

Figure 2 Computed tomography (CT) in coronal view showed a linear hyperdensity (arrow) in mediastinum between oesophagus (E) and aorta.

formed and the fish bone was removed. The patient has survived over 1 year without severe complications.

Learning points

- ▶ A case of aortooesophageal fistula (AEF) caused by a fish bone that had a nice outcome after treatment.
- ▶ Contrast CT was a useful tool in detecting AEF.

Competing interests None.

Patient consent Obtained.

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Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Fang C-C, Yan Y-H. An aortoesophageal fistula in an elderly woman. *BMJ Case Reports* 2012;10.1136/bcr-2012-007415, Published XXX

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