Fever and haematochezia: an unusual association

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DESCRIPTION

A 72-year-old male patient presented to the emergency room for haematochezia followed by syncope. In the past 2 days he had fever and asthenia. From his medical records, we registered a peripheral vascular disease, with an aortobifemoral bypass graft placed 12 years prior; 6 years later, the graft had a thrombosis event and the patient was submitted to an axillofemoral bypass graft. On physical examination, he had haemodynamic instability and fever (38°C); the abdominal examination showed no abnormalities. Laboratory tests were as follows: haemoglobin: 10.7 g/L, white cell count: 17.7×10⁹/L; international normalized ratio (INR): 6.26; C reactive protein: 202 mg/L; blood urea nitrogen (BUN): 44 U/L; and creatinine: 1.91 mg/dL.

After haemodynamic resuscitation, given the clinical presentation and the hypothesis of secondary aortoenteric fistula (AEF), a CT angiography was performed (figure 1). Although no active bleeding was detected, the aortobifemoral bypass graft was found to be adjacent to the third part of duodenum, but at a level at which the lumen of the aorta was partially thrombosed. Also, an effacement of the fat plane between the graft and the adjacent portion of the duodenum was noticed. An upper...
endoscopy was performed (figure 2), showing an exposed aortic graft in the third part of the duodenum without stigmata of recent haemorrhage.

The patient was started on broad-spectrum intravenous antibiotics and was promptly evaluated by a vascular and general surgeon. Surgery confirmed the secondary AEF in the third portion of duodenum. The patient was submitted to debridement, graft excision and primary closure of the intestinal loop followed by a gastrojejunostomy. The remaining period of hospitalisation was uneventful.

Competing interests None declared.

Patient consent Obtained.

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REFERENCES