

## Clinical Image

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# A febrile dysphagia: Clinical image

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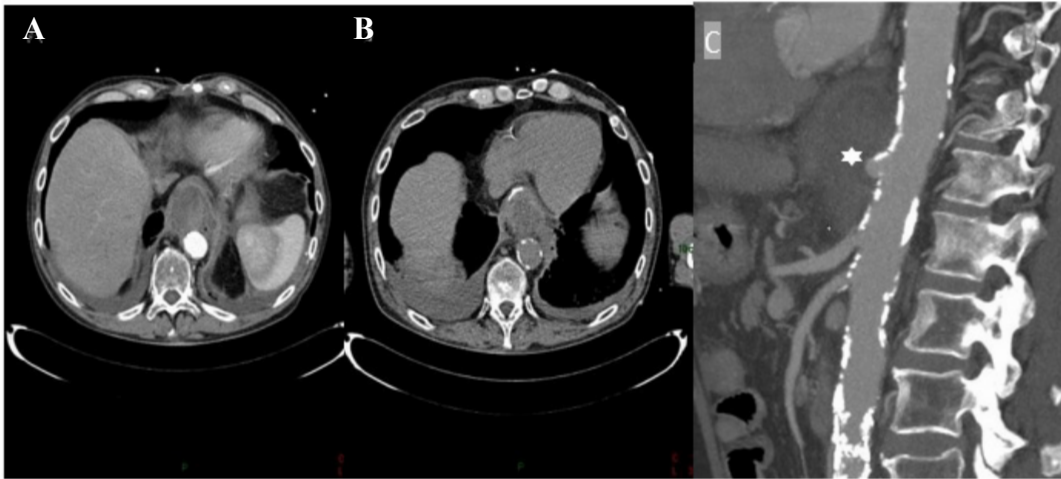
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### Background

A 67-year-old man was referred to ICU for hypotension, dysphagia and fever. He had received, months before, an orthotopic liver transplantation for alcoholic liver cirrhosis complicated by septic shock related to cellulitis due to *Staphylococcus aureus* bacteraemia. The patient was finally discharged home and did well thereafter. On admission, blood pressure was 143/64 mmHg, pulse was 96 per minute. Respiratory rate was per minute. Temperature was 38,4°C. Food ingestion initially alleviated epigastric pain but became rapidly impossible. Mottling was noted on both knees. Physical examination revealed localized abdominal tenderness. Laboratory work up and electrocardiogram were unremarkable.

An abdominal CT scan disclosed a round-shaped mass not enhanced by intravenous contrast media located between the stomach and the aorta (Figure 1A). Barium ingestion revealed that the stomach was completely compressed by the mass (Figure 1B). Multiplanar reconstruction disclosed an aortic aneurysm developed above coeliac artery (Figure 1C). Operative findings revealed a pre-ruptured mycotic aneurysm. Blood cultures obtained on admission and operative sampling found the *Staphylococcus aureus* strain isolated 4 months before.



**Figure 1:** (A) Frontal abdominal CT scan showing a round shaped collection located close to aorta not enhanced by intravenous contrast media (white arrow). (B) Frontal abdominal CT scan after barium ingestion showing near complete gastric compression by a round shape collection (bold white arrow). (C) Sagittal reconstruction of CT scan slices showing an aortic arterial aneurysm originating above coeliac artery (white star).