

**Clinical Image**

Open Access, Volume 6

**Rare catastrophic complication of thoracic aneurysms****Billurvan Taskin\***; Daniel Vogele

Department of Radiology and Interventional Radiology, University Hospital ULM, Germany.

**\*Corresponding Author: Billurvan Taskin**Department for Radiology and Interventional  
Radiology, University Hospital ULM, Albert-Einstein-  
Allee 23, 89081 Ulm, Germany.

Email: billurvan.taskin@uniklinik-ulm.de

Received: Jan 20, 2025

Accepted: Feb 06, 2025

Published: Feb 13, 2025

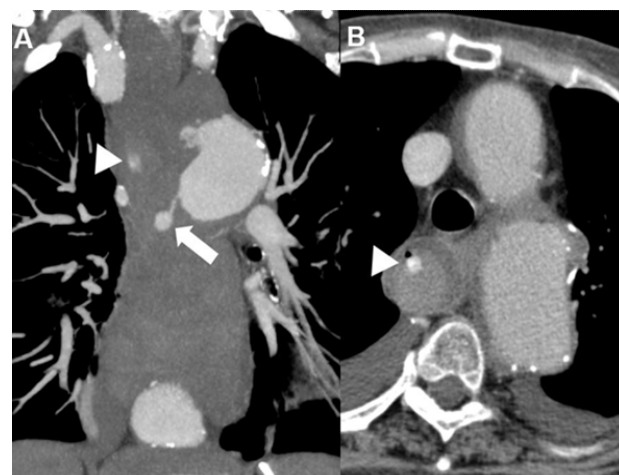
Archived: www.jcimcr.org

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DOI: www.doi.org/10.52768/2766-7820/3467

**Description**

A 69-year-old patient with a thoracic aortic aneurysm (~9 cm) developed hemodynamically significant hematemesis a few days before surgery. Computed Tomography (CT) revealed an Aorto-Esophageal Fistula (AEF) (Figure 1). Despite emergency Thoracic Endovascular Aortic Repair (TEVAR), the patient died in hemorrhagic shock. An AEF is an extremely rare complication of thoracic aortic aneurysms or after aortic interventions. If left untreated it's 100% lethal, perioperatively up to 77%. The absence of early specific symptoms is challenging for accurate early diagnosis. The so-called "Chiari triad" is sometimes described: initial chest pain, dysphagia, hematemesis or melena with exsanguination after an asymptomatic interval. In cases of such clinical findings or gastroscopic pulsatile mass, an AEF should be considered; in those cases deep biopsies are prohibited and CT-Angiography should be performed. An AEF with massive hemorrhage requires multidisciplinary management. Typically, a Sengstaken-Blakemore tube can be placed, followed by TEVAR for bleeding control before definitive aortic repair/reconstruction.

**Figure 1:** Clinical image.**Citation:** Taskin B, Vogele D. Rare catastrophic complication of thoracic aneurysms. J Clin Images Med Case Rep. 2025; 6(2): 3467.