

Letter to the Editor

A giant thoracic aortic aneurysm causing multiple fistulas and mediastinitis



A 73-year-old man was uneventfully treated by thoracic endovascular aortic repair for a 16 cm-diameter thoracic aortic aneurysm.

One week later, he developed acute respiratory failure requiring mechanical ventilation. The chest-CT scan showed oesophageal compression by the aneurysm (Fig. 1). Oesophageal endoscopy diagnosed a complex fistula, communicating with the right bronchus and the aneurysm (Fig. 2). An oesophageal and a bronchial stent were implanted (Fig. 1). Severe medical condition with major shock, acute respiratory distress syndrome and acute kidney injury led to prefer endoscopic treatment rather than open

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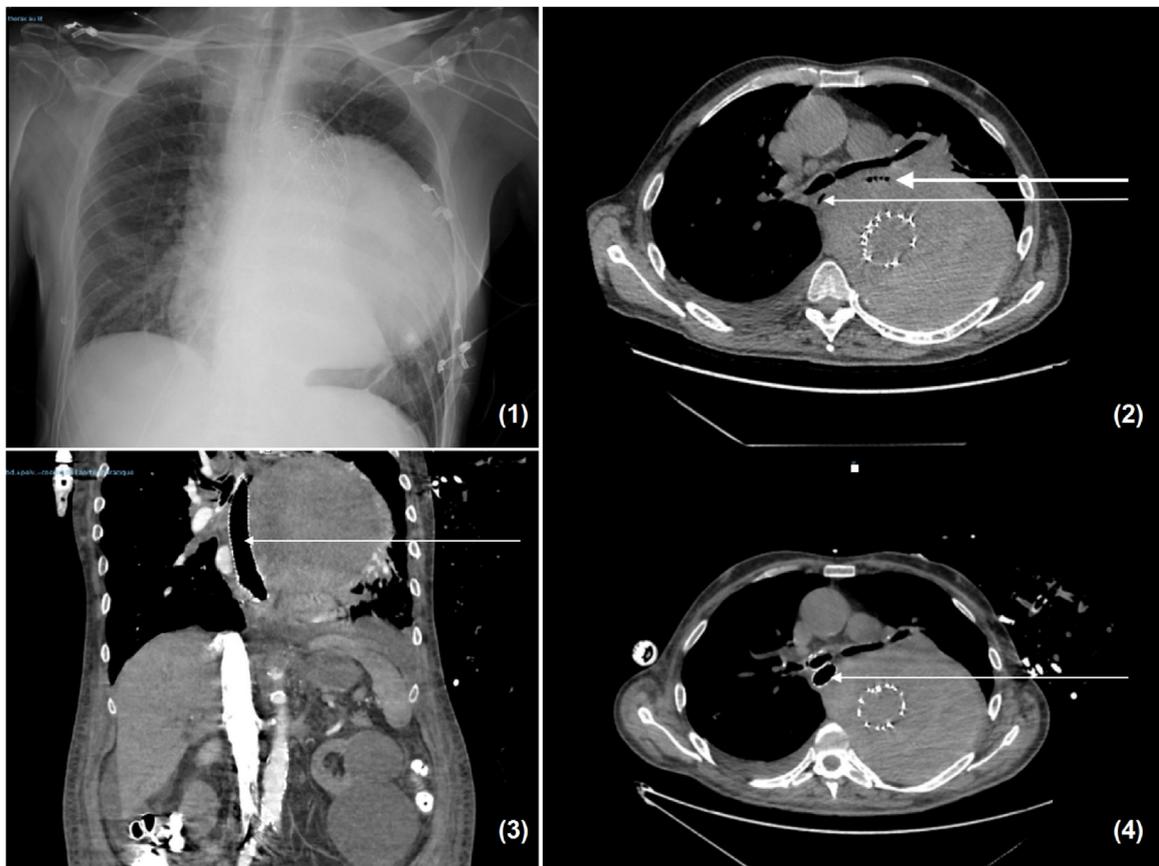


Fig. 1. Aneurysm on several images: (1) Chest X-ray showing the 16 cm diameter aneurysm, treated by endovascular repair. Chest CT scan without contrast showing oesophageal compression (thin arrow) and air in the aneurysm sac (large arrow) signing posterior mediastinitis, before (2) and after (3;4) endoscopic treatment.

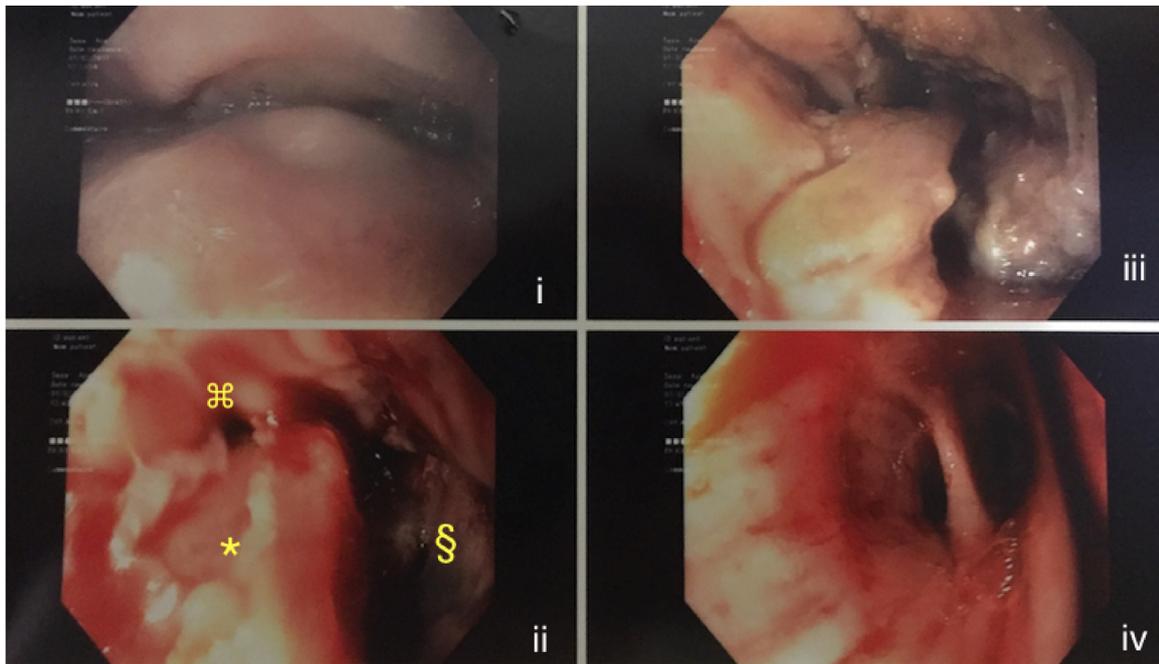


Fig. 2. Oesophageal endoscopy showing: (i): oesophageal extrinsic compression. (ii): Fistula between oesophagus (*), the right bronchus (?), and the aneurysm sac (§). (iii): Entry of the excluded aneurysm sac by the gastroscopie pushed through the fistula. (iv): Right bronchus visualised through the fistula.

surgery. Refractory septic shock with multi-organ failure due to necrotizing mediastinitis precluded surgical debridement, leading to death.

Disclosure of interest

The authors declare that they have no competing interest.

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