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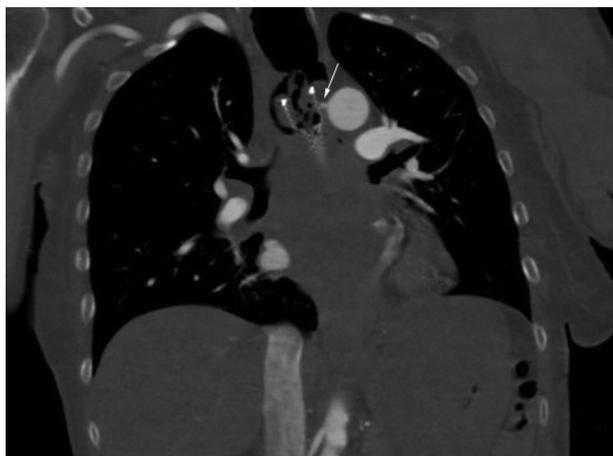
<https://doi.org/10.1016/j.annemergmed.2019.02.031>

Figure 1. CT angiography scan of the chest (coronal view), demonstrating contrast within a small fistula between the aortic arch and the esophageal stent (arrow).

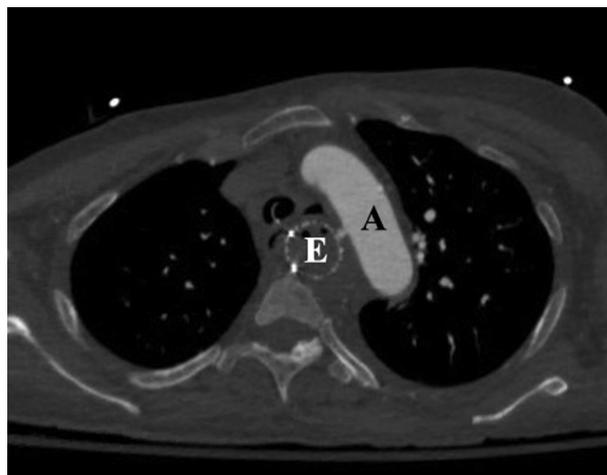


Figure 2. CT angiography scan of the chest (axial view). Fistula between the esophageal stent and aortic arch. A, Aortic arch; E, esophageal stent.

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A 58-year-old woman with a history of esophageal squamous cell adenocarcinoma status poststenting presented to the emergency department (ED) with a chief complaint of hematemesis. On examination, she was ill appearing, tachycardic, hypoxic, and in respiratory distress, with active bleeding from her mouth. She required emergency intubation for airway protection. A computed tomography (CT) angiogram was obtained (Figures 1 and 2).

*For the diagnosis and teaching points, see page e18.
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IMAGES IN EMERGENCY MEDICINE

*(continued from p. e17)***DIAGNOSIS:**

Aorto-esophageal fistula. CT angiogram revealed a fistula between the aortic arch and the esophageal stent, consistent with an aorto-esophageal fistula. Aortoenteric fistulae account for less than 3.5% of upper gastrointestinal bleeding events as identified at autopsy.¹ ED providers may suspect this diagnosis at the bedside by brighter arterial bleeding as opposed to darker blood from ruptured esophageal varices.² Aorto-esophageal fistulae are a known complication of esophageal stenting but are more commonly observed in patients with primary aortic disease or post-aortic valvular procedures.³ They are typically managed with a staged surgical approach including endovascular repair and endoscopy.⁴ Cardiovascular surgery providers deemed the patient too unstable to be taken for operative repair. Despite a massive transfusion protocol, she died the following morning in the ICU.

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