Aorto esophageal and aorto bronchial fistula after TEVAR

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Disclosure

Speaker name:

...............Igor Koncar............................................................

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
CLINIC FOR VASCULAR AND ENDOVASCULAR SURGERY
<table>
<thead>
<tr>
<th>Pathology</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Degenerative</td>
<td>28</td>
</tr>
<tr>
<td>PAU</td>
<td>8</td>
</tr>
<tr>
<td>Posttraumatic</td>
<td>7</td>
</tr>
<tr>
<td>Acute Traumatic</td>
<td>5</td>
</tr>
<tr>
<td>Ruptured</td>
<td>5</td>
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<td>False anastomotic</td>
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<td>Dissected</td>
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</tbody>
</table>

**TEVAR - 58 patients**
Penetrating aortic ulcer associated with juxtarenal aortic occlusion.

Ilic NS, Davidovic L, Koncar I, Kostic D, Dragas M, Markovic M.
PMID: 20726430 [PubMed - indexed for MEDLINE]
Related citations
Ruptured thoracoabdominal aneurysm with aortocaval fistula, aortic dissection type III, and bilateral femoral aneurysms in patient with Marfan syndrome.

Koncar IB, Colic M, Davidović LB, Sindelić RB, Ilić N, Dragas M.
PMID: 20583532 [PubMed - indexed for MEDLINE]
Related citations
Tratamiento híbrido de aneurisma aórtico toracoabdominal. Presentación de un caso clínico

Konkar, I; Colic, M.; Vjestica, M.; Cvetic, V.; Davidovic, L.

RESUMEN
La reparación quirúrgica abierta de aneurisma aórtico toracoabdominal (TAAAs) todavía es un desafío. Las tasas de complicaciones y éxito dependen de las experiencias del equipo vascular atendiendo de tal caso, así como del nivel de pincamientos transoperatorios. Sin embargo, la población de pacientes que padecen de este tipo de aneurisma se caracteriza por múltiples factores negativos y predictores (vejez, insuficiencia cardiovascular, cerebrovascular y renal). Inserciones endovasculares ramiﬁcadas permiten excluir el aneurisma toracoabdominal incluyendo arterias renales y viscerales y disminuir la tasa de complicaciones en caso de los pacientes de alto riesgo. En caso de algunos pacientes, no obstante, la anastomosis exige la opción de hacer uso de esta técnica. Además, no existen resultados en el largo plazo que conﬁrmen la utilizaciónhabitual de esta técnica. La vía híbrida consiste de un proceso híbrido que comprende la revascularización renal y visceral, seguida por la exclusión endovascular de aneurisma con endoprteses. Los presentamos a un paciente con el aneurisma aórtico toracoabdominal tipo II, tratado con el proceso híbrido que comprende la reparación abierta de la pared subdiaphragmática del aneurisma y la exclusión del segmento toracoabdominal con endoprteses Valiant (Medtronic).

Placas Clave: Aneurisma aórtico toracoabdominal, tratamiento híbrido, revascularización abdominal, endoprtesesis.
(Técnicas Endovasculares 2009; 12: 2083-2086)

SUMMARY
Hybrid treatment of thoraco-abdominal aortic aneurysm. A case report

Open surgical repair of thoracoabdominal aortic aneurysm (TAAAs) is still a challenge. Complication rate and success depend on experience of attending vascular team and level of aortic cross-clamping 1,2. However, the patient population with these type of aneurysm is characterized by multiple nega-
Irritating cough, hoarseness

- 69 years old male
- Coronary disease
- COPD
- CMP
9 months later - suffered blast trauma
After two weeks - severe chest and left arm pain
Control MSCT - no stent related complications
Laboratory tests - negative
THREE WEEKS LATER - HAEMATHEMESIS

ộ Control MSCT - visible air particles
WHAT TO DO?

- Esophageal suture
- Esophageal stenting
- Esophagectomy
- Extraanatomic reconstruction and suture of the aortic stump
- Conservative treatment
- TEVAR
- Anatomic in situ reconstruction
No active bleeding
Periaortic inflammation
TWO TEAMS
- Partial ECC
- Stent graft explantation
- Omentoplasty
- Dacron graft interposition
- Esophagectomy
- Cervical stoma
- Gastric stoma
- Esophageal lesion
- Pleural effusion – thoracocentesis (Candida alb.)
- Stent graft infected by Candida albicans
- Candida Albicans isolated from the aortic calcification
- Severe worsening of respiratory functions
- Haematoptoe
- MSCT showed aorto-bronchial fistula
Aorto-bronchial fistula
Further recovery was uneventful but LONG

Discharged after two months

Four months later died in cahexia with Pneumonia caused by Candida albicans
- if we started treatment during the initial phase when only severe pain was present
- choose different surgical tactics
- we could prevent this complication
All clinical and imaging changes in area of implanted stent grafts should be taken seriously as a possible complication.

Timely diagnosis of AEF or ABF could give us time and more treatment possibilities.

Postoperative respiratory deterioration could be symptom of another fistula.

Eradication of infection is necessary for long term success?
Stunning Serbia remains one of Europe's best-kept tourism secrets
SERBIA

This astonishingly inexpensive country is one of Europe’s best-kept secrets. But get in quick—the genre-jumping Exit Festival—annexing a medieval fortress in Novi Sad each July since it began as an anti-Milosevic protest—was awarded the Best Major European Festival title. Belgrade is being mentioned in the same panting breaths as Berlin and Ibiza. And Serbia’s killer skiing, spa-hopping and Drina River rafting are luring thrillseekers away from pricey playgrounds in ‘the other Europe’.

Best in Travel
2015
SAVE THE DATE

21st – 24th April 2016

65th ESCVES
International Congress of the European Society for CardioVascular and Endovascular Surgery

21-24 April, 2016
Belgrade, Serbia
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