A rare cause of massive gastrointestinal blood loss

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Case Presentation

- **83-year** old female patient flown in by helicopter

  - Emergency ward

  - Clinical presentation
    - Acute massive *hematemesis*
    - *Hemodynamic instability*
    - *Intubation*
    - Massive blood *transfusion*
Case Presentation

• Medical history:
  - DM II
  - 2010 right TKR, 2013 left THR, 2016 PTA right femoral artery

• Recent medical history
  - Admission to ICU for 6 weeks
  - Extreme lactate acidosis
  - Due to Metformine® intoxication
  - Temporary dialysis treatment
  - Good clinical recovery
  - Stabilised renal function
Case Presentation

• CT-angiography
Case presentation

Urgent right thoracotomy 3th ICS
Dissection of the aorta
Identification of the esophagus
Calcified arteria lusoria was seen
The fistula was dissected

Proximal and distal clamping of the lusoria
Cutting the aberrant right subclavian artery
Ligating of the distal part with SurgiPro 3.0®
Placing sutures proximal on the aorta with SurgiPro 3.0®
Cutting the fistula
Closing the esophagus with separate sutures PDS 3.0®
Case Presentation

- Admission to the ICU for 12 days

- 1 week of Piperacillin®

- Duplex ultrasonography:
  - **Good patency** of the right brachial artery
  - Chronic occlusion of the distal right radial and ulnar artery

- **No leakage** on the swallow test

- Transfer to the Geriatric Ward on day 18 postoperative
Arteria lusoria

- Abberant right subclavian artery, arising distally from the left subclavian
- Crossing posterior mediastinum to the right
- Most frequent anomaly of the aortic arch: incidence 0.5 – 2.5%
- 95% asymptomatic
- ‘Dysphagia Lusoria’
Few Cases!

Aetiology: prolonged esophageal intubation or a foreign body can be a cause of fistulasation.
Literature Review

- **Treatment:**
  - In literature:
    - **Endovascular repair?**
      - 1 case (Ronna e.a.): angiography with stenting + EGD-scopy + esophagus balloon tamponade

<table>
<thead>
<tr>
<th>Total cases</th>
<th>Right thoracotomy</th>
<th>Left thoracotomy</th>
<th>Left thoracotomy + sternotomy + right thoracotomy</th>
<th>Endoscopy + angiography</th>
<th>Laparotomy</th>
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<tbody>
<tr>
<td>8</td>
<td>1</td>
<td>4</td>
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Conclusion in our case (2)

• Aetiology:
  - Here no notion of previous intubation
  - Prolonged nasogastric tube
  - Inducing fistula
  
  ▪ Rare cause of massive upper gastrointestinal blood loss
  ▪ Should be included in the differential diagnosis
Conclusion in our case (2)

- **Right thoracotomy** for anatomical reasons
- Easy **access**
- **Feasible** procedure
Thank you
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