

## Successful endovascular treatment of an aortic pseudoaneurysm after esophageal perforation induced by ingestion of a monitor lizard bone

Suttatip Saemu, MD,<sup>1</sup> Boonprasit Kritpracha, MD,<sup>1</sup> Dhanakom Premprabha, MD<sup>1</sup> Wittawat Tantarattanapong, MD,<sup>1</sup> Pong Juntarapatin, MD,<sup>1</sup> Srila Samphao, MD,<sup>2</sup> Sorracha Rookkapan, MD<sup>3</sup>

<sup>1</sup>Division of Vascular Surgery, Department of Surgery <sup>2</sup> Division of General surgery, Department of Surgery <sup>3</sup>Division of Vascular Intervention, Department of Radiology Prince of Songkla University, Hat Yai, Songkhla 90110, Thailand

## Introduction

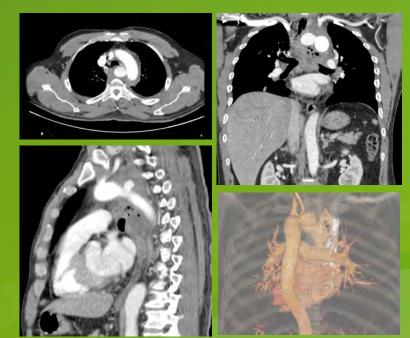
Esophageal perforation caused by accidental swallowing of foreign bodies can lead to rare complications, such as aortoesophageal fistula accompanied by aortic pseudoaneurysm, which is rare but has a high mortality rate. Once pseudoaneurysm is confirmed, treatment should be given immediately. Endovascular intervention has now become a useful option as shown by our patient who had good results and few complications.

## **Case Report**

a 51-year-old man who had an esophageal perforation after ingestion of a monitor lizard bone and developed pseudoaneurysm of the descending aorta just distal to the left subclavian artery. The foreign body was partially removed by endoscopy but additional computed tomographic angiography confirmed a diagnosis of esophageal perforation leading to mediastinitis and the presence of an infected pseudoaneurysm.



"Monitor lizard" which is a carnivorous animal that frequently feeds on carrion that is able to induce a severe infection.



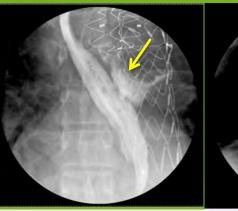
Computed tomography angiography (CTA) located the aneurysm just distal to the left subclavian artery.

He had successful treatment with endovascular stent graft with left carotid-subclavian artery transposition due to a short landing zone. He received appropriate perioperative antibiotic therapy and close follow-up by swallow contrast study which showed successful conservative treatment of esophageal perforation and no complication of the aortic stent graft insertion. He improved and was discharged two months later.



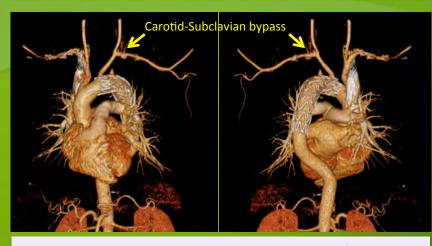


Initial paraesophageal collection (Left) almost disappeared on CTA post-treatment day 25 (Right).





Upper GI study on post-treatment day 10 showed focal leakage at posterior wall (Left) and markedly decreased leakage on post-treatment day 25 (Right).



CTA at 6 months post-operation showed a patent stent graft and bypass with no signs of endoleakage or infection.

## **Conclusion**

A pseudoaneurysm at the aorta induced by esophageal perforation is rare but lifethreatening. Endovascular treatment seems to be an alternative definitive treatment with a good outcome and low morbidity and mortality in a patient in otherwise good medical condition.