EuroSciCon

6th Annual European Conference on

Gastroenterology

June 19-20, 2018
Paris, France

Ali Dawood Al-Hilfi, J Clin Gastroenterol Hepatol 2018, Volume: 2
DOI: 10.21767/2575-7733-C1-002

SURVIVAL OF SERIOUS AND LETHAL COMPLICATION OF GASTROINTESTINAL HEMORRHAGE: CASE REPORT

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Background: Primary aortoduodenal fistula (PADF) is a rare, serious complication of abdominal aortic aneurysm (AAA). Frequently diagnosis missed due to rarity of disease

Case description: A 76-year-old Male referred to GIT center in our hospital suffering from severe upper gastrointestinal bleeding and melena. All investigation appears normal apart from elevated blood urea with 3 sessions of upper GIT endoscopy by expert GI Physician with no evidence of cause of bleeding (he put in her mind Dieulaphoy lesion).

Introduction: Primary aortoduodenal fistula (PADF) is a rare, serious complication of abdominal aortic aneurysm (AAA). it is an abnormal connection between the suprarenal aorta and duodenum, in contrast to secondary aortoduodenal fistula which usually results from a previously implanted endovascular stent-graft procedure (1). PADF cause an estimated 3% of massive gastrointestinal (GI) hemorrhages but comprise 6% of all deaths (2). The diagnosis of a primary ADF can be more difficult due to its infrequency as well as its occasionally insidious presentation. Since their first discovery about 100 years ago, more than 200 PADFs have been reported (3).

The present case report describes a PADF between the suprarenal AAA and duodenojejunal flexure (infected aneurysm), which was successfully managed at Al Sadr Teaching Hospital in Basrah, Iraq and raise the fallibility of diagnostic investigations, and the importance of having a clinical suspicion.

Discussion: The term PADF were first recognized 100 years ago by Cooper (4) and first case report presented by Salman (5). The incidence of primary type of Fistula is very low ranging from 0.04% - 0.07% (6). two third of cases affect duodenojejunal junctions and one third affect the 4th part. Due to close proximity of duodenum and expanding pattern of AAA, any irritation and inflammation subsequently result in fistula over time.

The mechanism of development of PADF attributed to wear, inflammatory destruction and precipitated by infection, foreign body or erosion (7). The classical manifestations of PADFs are upper GI bleeding (64%), abdominal pain (32%), and a pulsatile abdominal mass (25%) (8).

The most valuable diagnostic tool for the diagnosis of PADF is considered to be helical CT scan with intravenous contrast (9). With rarity of condition, suspicious of this condition almost missed. The mortality from untreated PADF is almost 100%. The survival after surgery ranges from 18% to 93% (10).

Conclusion: PADF are an extremely uncommon cause of massive upper GI bleeding and abdominal mass. Most of the time, such condition being overlook and patient passed, and etiology discovered on autopsy. So, recommendation on performing A CT scan which consider the gold standard for diagnosis of this entity, especially when other investigation failed to demonstrate a positive cause and prompt surgical intervention offers the only treatment for survival.

Biography

Ali Al-HILFI Has completed Bachalor from Basra college of medicine 2000, and then completed Iraqi & Arabic Board of General Surgey 2009 , then studied Post-Doctoral Gastrointestinal , Hepatobilairy, pancreatic & Bariatric surgery 2014 . He published more than 3 papers and prepared to publish more than 3 papers in the few months.

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