Post-TEVAR aorto-esophageal fistula: surgical techniques

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Disclosures

• None

Post TEVAR aorto-esophageal fistula

Incidence post TEVAR AEF 1.9%
Within 12 months
Symptoms:
Hematemesis (mostly lethal), fever, chest pain
100% mortality (bleeding, mediastinitis)
Stent graft infection
Erosion rigid stent through aorta into esophagus
Pressure necrosis of esophageal wall
Risk factors:
Over sizing stent grafts
TEVAR for mycotic aneurysms
TEVAR for large aneurysms

Comparison of treatment strategies for thoracic endograft infection

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55 thoracic endograft preservation mortality 82%
41 thoracic endograft explantation mortality 46%
Esophageal fistula mortality >95%

ARE SURVIVAL CHANCES REALISTIC?

• Aortic event: endograft
• Infection, hematemesis: emergency procedure
• AEF, infected mediastinum: esophagus resection
• Thoracotomy, explantation endograft, aortic repair
• Gastric pull-up
Considerations

- Post TEVAR aorto-esophageal fistula is lethal
- Drain, rinse, pray and hope is no option
- Surgical strategy:
  - Stop the bleeding
  - Determine sequence of procedures
  - Aorta first: stent explant, clean mediastinum, over-sew small esophagus lesion, aortic repair, omentum/muscle wrap
  - Esophagus first: resection, stent explantation and aortic repair in second stage, stomach pull-up as third step
- Radical approach is the only solution