

Case	(528) Left atrial aneurysm and esophageal prosthesis.
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CASE PRESENTATION

A 73-year-old male with a history of gastric adenocarcinoma in remission. Carrier of multiple esophageal endoprosthesis by esophageal-yeunal fistula and subsequent stenosis.

He attended the emergency department for fever of 5 days evolution and right hemiparesis without radiological evidence of stroke. He presents bad clinical evolution with progressive neurological and hemodynamic deterioration that requires admission to the ICU.

During admission, he presented frank hematemesis without the possibility of endoscopic study due to the stenosis described, requesting urgent multiphase

CT. Findings: Diverticular lesion dependent on the posterior wall of the left atrium in intimate contact with the upper edge of the esophageal prosthesis.

DISCUSSION

The findings suggested left atrial pseudoaneurysm in relation to esophageal prosthesis as an injury mechanism.

The diagnosis would explain the patient's clinic (fever, neurological alterations and hematemesis).

This is an infrequent entity described mostly as complications of radiofrequency ablation for treatment of atrial fibrillation. We have found no bibliographic references in the literature outside of this clinical context.

CONCLUSION

Pseudoaneurysms in unusual locations should be a diagnosis to be considered in patients with mediastinal pathology not necessarily traumatic with clinically compatible (fever, neurological alterations and bleeding).



- A. Axial cut in the arterial phase in which aneurysmal dilation dependent on the posterior wall of the left atrium is identified.
B. Sagittal reconstruction in which the aneurysm comes into contact with the esophageal prosthesis.
C. 3D reconstruction

BIBLIOGRAPHY

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