

Clinical Image

Aortocaval Fistula

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Received: July 15, 2020; Accepted: July 21, 2020;

Published: July 28, 2020

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A 69-year-old male was brought to neurology emergency department due to four-hour-lasting leg- numbness and swelling. Further physical examination revealed absolutely painless pulsatile abdominal mass with only hypotension present – 95/75 mmHg and slightly troublesome breathing. Computed Tomographic Angiography (CTA) showed a previously unknown, 10-cm-diametered, juxtarenal Abdominal Aortic Aneurysm (AAA) with an extremely rare form of its rupture – a painless Aortocaval Fistula (ACF) and pulmonary embolism (Figures 1 and 2). The ACF, although very rare entity, completely explains a hypotension (ruptured AAA), a painless abdomen and patient's good general condition despite ruptured AAA – owing it to lack of retroperitoneal distension and also breathing-difficulties due to paradox pulmonary embolism and leg-swelling and numbness (suddenly increased venous flow).

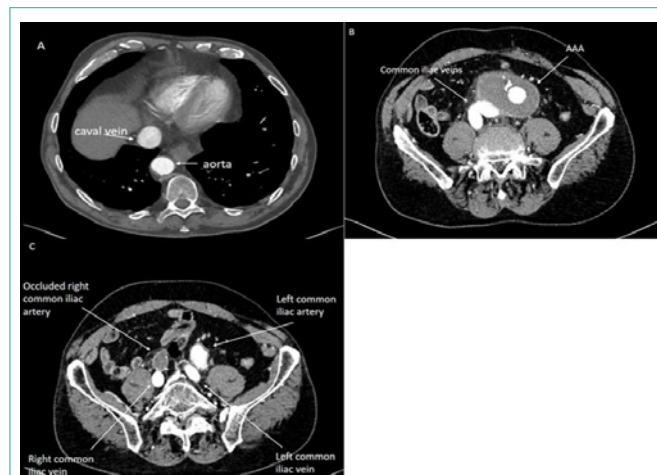


Figure 1: Arterial phase of MSCTA with contrasting media simultaneously in both aorta, iliac veins and inferior cava vein – a pathognomonic sign of ACF.

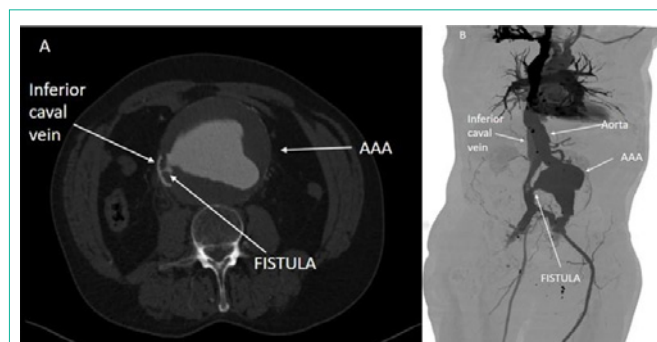


Figure 2: The arrow points directly to fistula-site.