

PRIMARY AORTOSIGMOID FISTULA: A RARE CAUSE OF OBSCURE OVERT GASTROINTESTINAL BLEEDING

Authors: Lao, B.C. MD; Te, P. MD; Co, C. MD; Santos, S. MD

SIGNIFICANCE	The etiology of obscure overt GI bleeding can be very difficult to diagnose especially if the cause is very rare. One of this is primary aortosigmoid fistula which is a connection from the abdominal aorta to any part of the sigmoid colon. Its incidence is fewer than 1%. Endoscopy and radiologic procedures can be used to diagnose this rare case. We report a 76 year old Filipino male who was diagnosed to have aortosigmoid fistula.
CLINICAL PRESENTATION	A 76 year old Filipino male was referred to Chinese General Hospital because of two months history of intermittent hematochezia. EGD and colonoscopy showed insignificant findings. On physical examination, there was a pulsating mass at the hypogastric area. Patient was referred for enteroscopy.
MANAGEMENT	
Laboratory work up/ Imaging	Mesenteric CT angiography revealed a saccular infrarenal abdominal aortic aneurysm and paraaortic complex mass lesion suggestive of dissection.
Diagnosis	Based on this, enteroscopy was deferred, patient was sent to surgery
Treatment	Patient underwent open surgical repair. Intraoperatively, infrarenal saccular aneurysm and aortosigmoid fistula were seen. Bilateral Aneurysmectomy was done. Patient had no recurrence of GI bleeding since then and was stable.
RECOMMENDATION	Patients who have obscure overt GI bleeding should be screened for other potential causes. Enteroscopy is not always the choice to diagnose these cases. Radiologic studies can help like in the case, mesenteric CT angiography aided in the diagnosis without the need for enteroscopy. In the background of abdominal aortic aneurysm and GI bleeding, primary aortosigmoid fistula should be considered. Prompt diagnosis can lead to prompt management which can increase patient's survival.
KEY WORDS	Case Report; Primary Aortosigmoid fistula; Obscure Overt Gastrointestinal bleeding; Abdominal Aortic Aneurysm