

Aortic aneurysm, a cause of progressive dysphagia

Aneurisma de la aorta, una causa de disfagia progresiva

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RESUMEN

Un hombre de 73 años de edad se presentó al Servicio de Urgencias refiriendo disfagia progresiva de dos semanas de evolución. Se realizó una serie esófago-gastroduodenal donde se observó ensanchamiento mediastinal y obstrucción total del esófago. Se efectuó una tomografía computarizada en la que se evidenció un aneurisma dependiente del arco aórtico, el cual ocluía el esófago en su totalidad.

Palabras clave. Disfagia progresiva. Obstrucción esofágica. Aneurisma. Arco aórtico.

ABSTRACT

A 73- year old male presenting two weeks of progressive dysphagia arrives to the ER. A gastroesophageal series showed mediastinal thickening and complete obstruction of the esophagus. CT- scan showed an aneurysm protruding from under the aortic arch completely occluding the esophagus.

Key words. Progressive dysphagia. Esophageal obstruction. Aneurysm. Aortic arch.

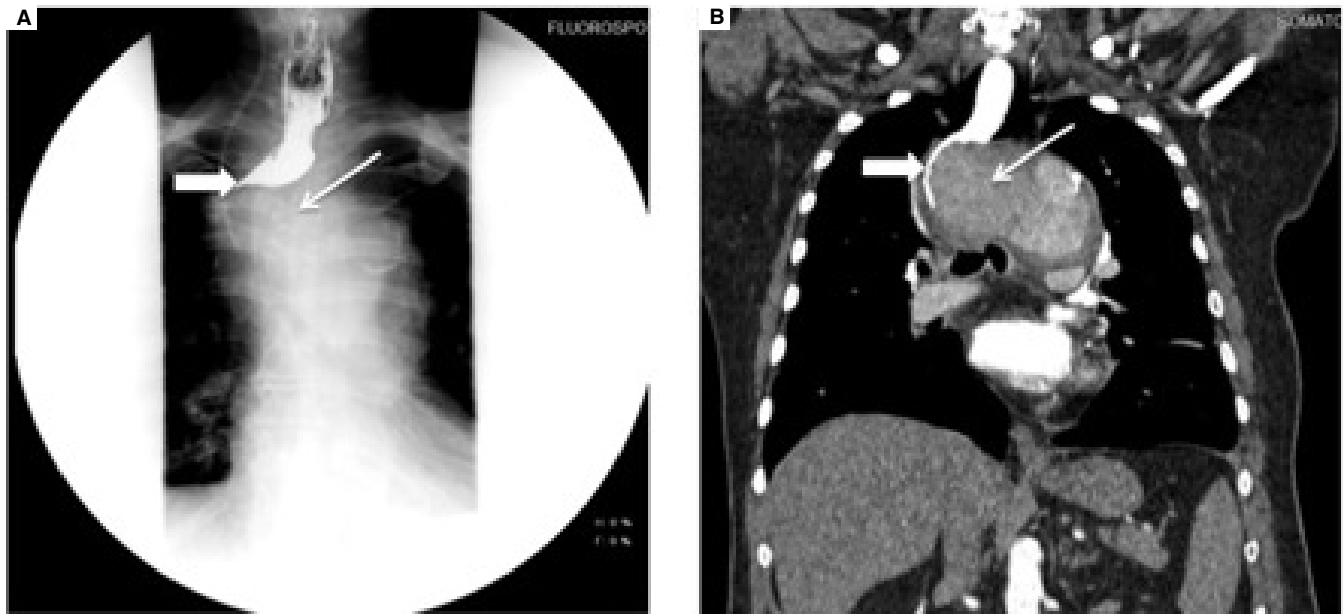


Figure 1. Esophageal serie (A) and CT scan (B) show mediastinal dilation and complete occlusion of the esophagus by an aortic aneurysm.

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Fecha de recibido: junio 27, 2015.

Fecha de aceptado: julio 05, 2015.



Figure 2. CT scan 3-D reconstruction of the aortic arch, from which an aortic dependent mass (aneurysm) protrudes and completely occludes the esophagus.

A 73-year-old male with a history of hypertension, diabetes and atrial fibrillation under treatment with anticoagulants showed up at the Emergency Room referring two weeks of weight loss due to progressive dysphagia, nausea, vomiting of saliva without gastrointestinal content and incapability of eating or drinking for 48 h. He denied the presence of fever, chest-pain, neurovegetative or any other symptoms. A gastroesophageal barium series showed mediastinal thickening, complete obstruction and deviation of the esophagus (Figure 1A, thick arrow). A contrasted CT scan was performed and showed a 10 x 6.7 cm mass protruding from under the aortic arch, producing a complete esophageal occlusion (Figure 1B, thin arrow). The image was reconstructed on 3-D and the protrusion was well defined (Figure 2, thick arrow).

After the study was performed, he presented nausea and major hematemesis, falling into hypovolemic shock, which was unresponsive to treatment, went into surgery and died.