

Re: AORTODUODENAL FISTULA THREE YEARS AFTER AORTOBIFEMORAL BYPASS: CASE REPORT AND LITERATURE REVIEW

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Dear Editor,

Marolt *et al.* have presented a very interesting case of aortoduodenal fistula and its successful treatment¹. I have read the article with great interest since it is one of the worst complications that vascular surgeon may face.

We had a case of infected abscess and leakage in the thoracic aorta successfully treated with endovascular graft (TEVAR). Our approach for abdominal aorta is graft removal and axillobifemoral bypass. I completely agree with the authors that it is necessary to cover duodenal lesion with omental flap, although we do not perform excision of the duodenal/intestinal wall.

So far, we had no thrombosis of the axillofemoral bypass and it is remarkable to see sufficient inflow of the blood through narrow bypass (usually PTFE 6 mm) to both legs. In order to prevent thrombosis, we always perform distal anastomosis above deep femoral artery or directly to the bifurcation of the common femoral artery. Outflow through deep femoral artery is usually able to keep the flow through axillofemoral bypass running. If not, bypass distal to the occlusion of the superficial artery (or popliteal artery) should be performed.

The European Society for Vascular Surgery (ESVS) has issued clinical practice guidelines for the management of abdominal aortic aneurysms². Unstable patients might benefit from stent graft (Level 4, Recommendation C); stable patients with aortoenteric fistula should receive staged procedure with extra-anatomic bypass first (Level 2c, Recommendation B); and finally stable patients without aortoenteric fistula (patients that do not have direct communication between proximal anastomosis and bowel but infected para-anastomotic sinus) should receive *in situ* revascularization using autogenous superficial femoral vein or aortoiliac allograft (Level 2c, Recommendation C)².

References

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2. Moll FL, Powell JT, Fraederich G, *et al.* Management of Abdominal Aortic Aneurysms Clinical Practice Guidelines of the European Society for Vascular Surgery. *Eur J Vasc Endovasc Surg.* 2011;41 Suppl 1:S32-4. doi: 10.1016/j.ejvs.2010.09.011

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