

Clinical case blog

Title: Para-Prosthetic Enteric Fistula Following Aorto-Bifemoral Bypass Surgery

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We report the case of a 64 year old man who, having undergone an aorto-bifemoral bypass graft 30 years previously for occlusive disease, presented to hospital with sepsis, altered bowel habit and abdominal pain.

He was treated with antibiotics for his sepsis and investigated for a possible large bowel cause of his abdominal symptoms. CT scan of his abdomen revealed that the right limb of his prosthetic graft had eroded through the caecal wall and was contained within the lumen of the large bowel (Figure 1). The caecum had sealed around the graft as it had eroded through and there was no sign of free perforation of the bowel or peritoneal contamination, and no true fistulation between the bowel and graft lumen.

The patient underwent bilateral axillo-femoral bypass grafting and laparotomy, excision of the infected aorto-bifemoral graft and right hemi-colectomy with primary anastomosis. He made an uneventful post-operative recovery and was discharged from hospital 14 days later.

Para-prosthetic enteric fistulation (PEF) is an extremely rare complication following aortic surgery; the true incidence is difficult to estimate as most publications are individual case reports with fewer than 50 previously reported in the world literature. The mean time interval between surgery and presentation of PEF is around 72 months. As far as we are aware, there are no previous reports of PEF presenting after such a prolonged time after original surgery.

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