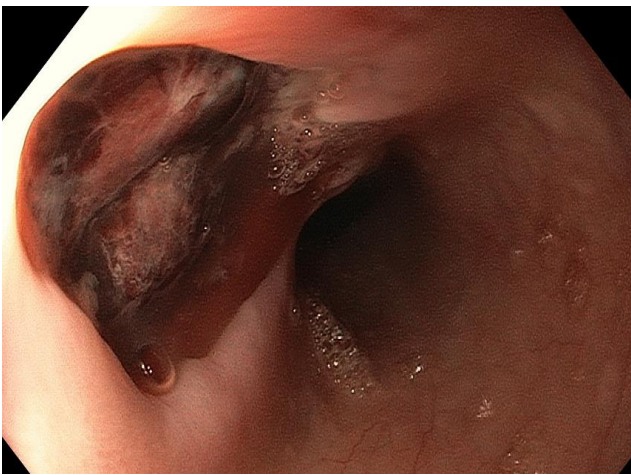


Clinical Context:

♂, 63 yo

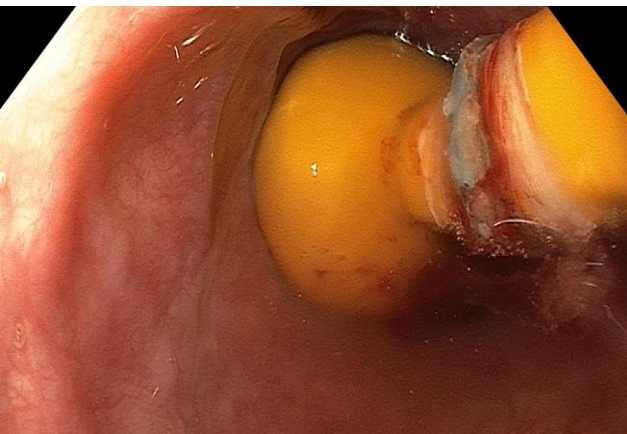
- April 2020: acute type A dissection with ascending aorta replacement
- 29.12.2020: elective admission for unclear inflammatory syndrome and T 39°C; CT-thorax: unclear fluid collection with contact to aorta DD abscess DD covered rupture with superinfection
- 31.12.2020: syncope with hematemesis 500mL



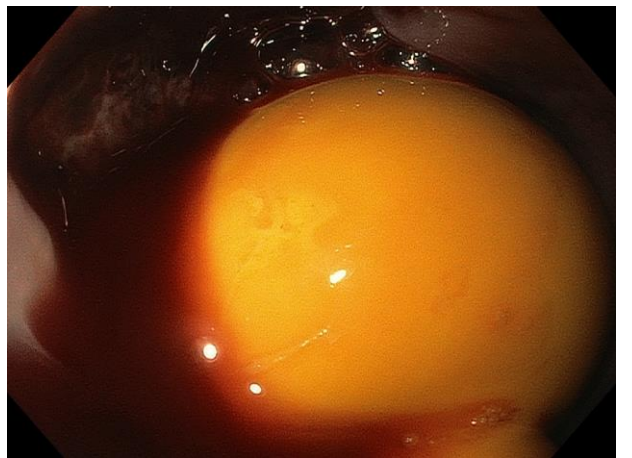
At 24 cm from Z-line, esophageal pulsating ulcerated lesion (30 mm) DD suspected aorto-oesophageal fistula.



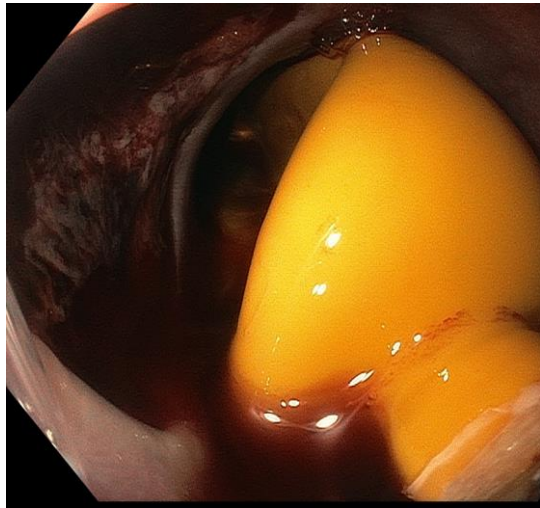
Angio-CT: no clear aorto-esophageal fistula. In CT-room: massive hematemesis, cardiac arrest with cardiopulmonary resuscitation and placement of a blakemore tube by the emergency team.



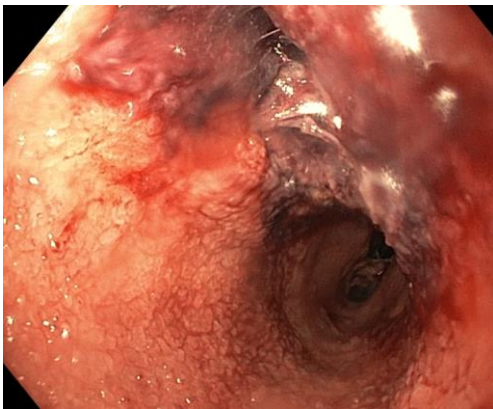
Intraoperative endoscopic view after placement of two aortic endoprothesis by vascular surgery: blakemore tube in proximal esophagus sphincter.



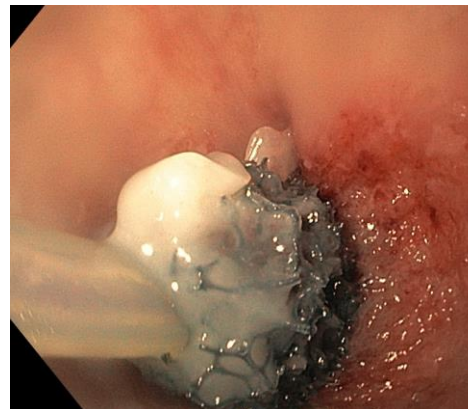
Intraoperative attempt to unblock the blakemore tube.



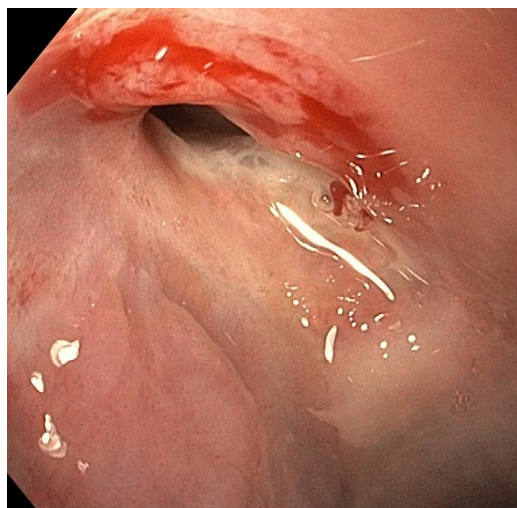
Aorto-esophageal fistula with active bleeding.
New blockage.



Day 1: Esosponge insertion.



Day 1: Esosponge insertion.



Day 28 - regular change of Esosponge.