

[PICTURES IN CLINICAL MEDICINE]

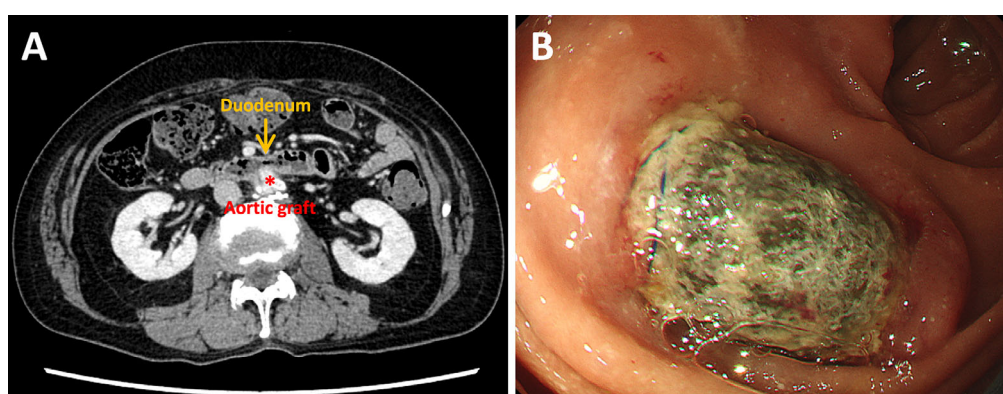
Secondary aortoduodenal fistula in a patient with vascular Behçet's disease

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Picture.

A 75-year-old man who underwent abdominal aortic aneurysm replacement surgery for vascular Behçet's disease experienced repeated events of polymicrobial bacteremia for almost a year, despite receiving antibiotic therapy. The presence of an intestinal lesion was suspected to be the portal of entry, considering the variety of pathogens detected in the blood cultures, including *Klebsiella oxytoca*, *Citrobacter freundii*, *Lactobacillus gasseri*, *Pseudomonas aeruginosa*, *Candida albicans*, and *Candida glabrata*. However, esophagogastroduodenoscopy, colonoscopy, and video capsule endoscopy revealed no lesions throughout the intestinal tract, and neither progressive anemia nor gastrointestinal hemorrhage was observed. Contrast-enhanced computed tomography revealed that the third portion of the duodenum was in close contact with the proximal anastomosis of the embedded aortic graft (Picture A). We then performed esophagogastroduodenoscopy deep into the duodenum and found that the aortic graft was exposed on the ulcerative mucosa of the third portion of the duodenum, thus leading

to the diagnosis of secondary aortoduodenal fistula (Picture B). The patient underwent open surgery for partial resection of the duodenum combined with aortic graft replacement, and thereafter he no longer suffered from bacteremia.

The authors state that they have no Conflict of Interest (COI).

Author Contribution

Hiroyuki Honda and Hideharu Hagiya contributed to writing and editing the manuscript.

Informed Consent

Informed consent was obtained from the patient for the publication.

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