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Case report (includes case series that include 5 or fewer patients)

**Title:** CONGENITAL CATASTROPHE- A DANGEROUS BLEED WITH A UNIQUE REPAIR

## CONGENITAL CATASTROPHE- A DANGEROUS BLEED WITH A UNIQUE REPAIR

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### Case:

**Background:** Congenital heart patients have complex anatomy with complex surgical repairs. We present a case involving a conduit graft complication.

**Case:** A 49 year old male presented with hematemesis for 6 hours. He had an aortic coarctation and congenital LV outflow obstruction with repair in the 1970s, followed by an LV to descending aorta conduit. In the 1980s, the conduit was replaced with a Bjork-Shiley mechanical conduit (A). He was then medically stable until presentation. In the ED, CT scan showed a pseudoaneurysm with fistulation to the stomach (B, C).

**Decision-making:** He was taken to the cath lab after vascular and cardiothoracic surgery denied intervention. Aortogram confirmed bleeding into the pseudoaneurysm (D). Contrast revealed most of the LV output was via the conduit. The descending aorta proximal to the conduit was occluded with an Amplatzer device. Covered stents were placed along the distal conduit into the descending aorta (E). Endoscopy showed a pulsatile mass with a fibrin clot (F). Once stabilized, he underwent aortic graft replacement and enteric fistula resection with cardiothoracic and bariatric surgery.

**Conclusion:** Our patient had an apico-aortic conduit placed in the 1980s. Those with this procedure had high rates of prosthesis dysfunction and subsequent revision. Therefore, these conduits were discontinued. Our patient went decades without complication until his GI bleed. We were able to perform emergent intervention to stabilize the patient to bridge to surgical revision.

