Aortoduodenal Syndrome from Infected Abdominal Aortic Aneurysm Treated with Endovascular Approach as a Single Treatment, A Case Report
Thoetphum Benyakorn MD.*, Kanoklada Srikuea MD.*, Saritphat Orrapin MD.*, Tunyarat Wattanasatesiri MD**, Boonying Siribumrungwong MD.*
*Division of Vascular Surgery, Department of Surgery, Faculty of Medicine, Thammasat University, Pathumthani, Thailand.
** Division of Interventional Radiology, Department of Radiology, Faculty of Medicine, Thammasat University, Pathumthani, Thailand.

INTRODUCTION
Aortoduodenal syndrome is a rare case entity. The duodenal obstruction is caused by abdominal aortic aneurysm compression, first described by Osler in 1905 and only 40 cases had been reported worldwide. Choices of treatment for aortoduodenal syndrome are open repair and duodenum resection.
To the best of our knowledge, this is the first case of aortoduodenal syndrome caused by infected abdominal aortic aneurysm and successful treatment with endovascular approach.

CASE REPORT
A 56 year-old- man presented with history of abdominal pain, nausea vomiting of food content and dark brown blood clot for 2 days; and had history of pneumonia and septicemia two months prior. Due to external compression, the esophagogastroscope couldn’t passed to the third part duodenum; and CT scan reported large submucosal hematoma (11.2x9.0x5.7 cm) which compress the entire third part duodenum extending from saccular abdominal aortic aneurysm.
Blood culture reported positive for Salmonella enteriridis. Our decision to operate endovascular method as the result of poor nutritional status, large hematoma compress at the aortic neck and anatomy suitability.
On the early post-operative day, abdominal pain was relieved. He could step up feeding on day 18, post-operatively. one months after the operation, CT scan indicated decrease in size of hematoma and no residual hematoma without any type of endoleak 6 months later.

CONCLUSION
The endovascular treatment can be performed as a single treatment in selected patient and duodenal hematoma was totally resolved on follow up periods.