



CT

가

1

(1).

(: 9.4 g/dl)

(sinus tachycardia)

가

가

(Fig. 1).

CT(

(2).

5 mm, 1.5, 120 mL, 2.5 mL/s, 25)

CT,

(3).

6 cm

가

(Fig. 2A).

(aortic bifurcation)

2 × 1 cm

(Fig. 2B).

45

가 20

Thomas (4)

. 1

가

5 cm

가

가

가

CT(Somatom plus 4, Siemens, Erlangen,

Germany)

가

. 5 - Fr (pig tail catheter, Cook, Bloomington, U.S.A.)

(digital subtraction angiogra -

phy)

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2 - 4

(Fig. 3).

2 cm

¹가

²

2001 4 30

2001 9 24

6).
Marfan (5).

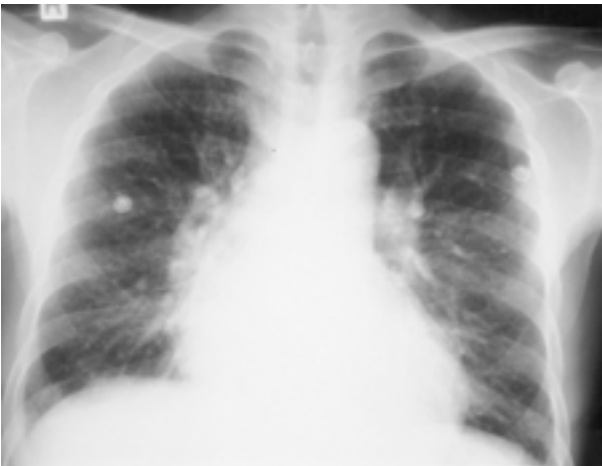


Fig. 1. Posteroanterior chest radiograph shows cardiomegaly with increased pulmonary vascularity, suggesting congestive heart failure.

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(7).

50%

(8).

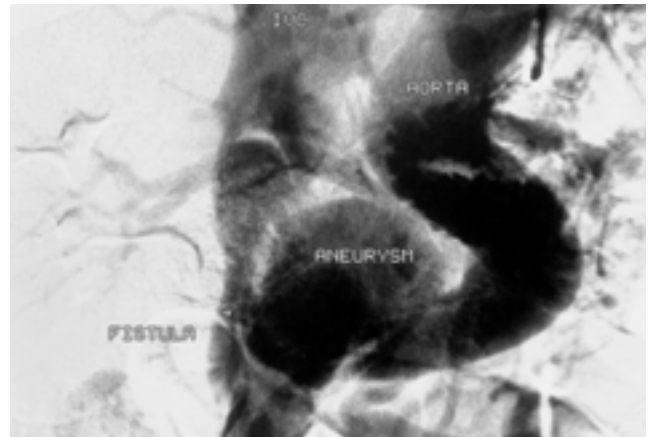
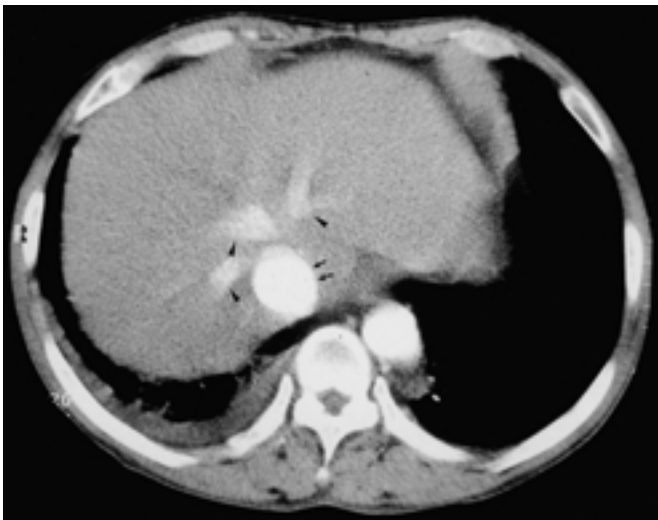


Fig. 3. Digital subtraction angiogram of the abdominal aorta shows tortuous abdominal aorta and an eccentrically developed saccular aneurysm, which is communicating with the IVC through a small fistula (arrow).



A

Fig. 2. Contrast-enhanced helical CT scan.

A. An arterial phase image (delay time 25 sec) through the liver shows simultaneous enhancement of the aorta and the inferior vena cava (IVC, arrows) in association with retrograde filling of the hepatic veins (arrowheads). Note dilatation of the IVC and hepatic veins.



B

B. Transverse CT scan at the level of the kidney shows the saccular aortic aneurysm (An) on the right side of the abdominal aorta (Ao). Compressed and flattened IVC(*) is simultaneously enhanced through a small aortocaval fistula (arrows).

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(9).

CT,

(3).

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(5),

CT

(10).

(endovascular stent graft)

(11).

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CT

1. Potyk DK, Guthrie CR. Spontaneous aortocaval fistula. *Ann Emerg Med* 1995; 25:422-427
2. Gilling-Smith GL, Mansfield AO. Spontaneous abdominal arteriovenous fistulae : Report of eight cases and reveiw of the literture. *Br J Surg* 1991;78:421-426
3. Schott EE III, Fitzgerald SW, McCarthy WJ, et al. Aortocaval fistula: Diagnosis with MR Angiography. *AJR Am J Roentgenol* 1997; 169:59-61
4. Thomas ML. Phlebography. *Arch Surg* 1972;104:145-151
5. Alexander JJ, Imbembo AL. Aorta-vena cava fistula. *Surgery* 1989; 105:1-11
6. 1997;36:477-482
7. Nennhaus HP, Javid H. The distinct syndrome of spontaneous abdominal aortocaval fistula. *Am J Med* 1968;44:464-473
8. Rajan DK, Croteau DL, Kazmers A. Aortocaval fistula: Diagnosis with carbon dioxide angiography. *Abdom Imaging* 1999;24:301-303
9. Lawrence JC, Richard JS, William B, Gilbert A. Spontaneous Aorto-caval Fistula. *Radiology* 1981;138:357-359
10. Quiroga S, Alvarez-Castells A, Hidalgo A, et al. Spontaneous aortocaval fistula: CT findings with pathologic correlation. *Abdom Imaging* 1995;20:466-469
11. 1999;41:909-914

Aortocaval Fistula Complicating Abdominal Aortic Aneurysm: A Case Report¹

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Aortocaval fistula is a rare complication arising from an abdominal aortic aneurysm. A typical feature observed during the arterial phase of contrast-enhanced CT scanning in such patients is simultaneous enhancement of the dilated inferior vena cava and aorta. Awareness of the specific radiologic features of aortocaval fistula may facilitate diagnosis when the condition is unsuspected clinically. We report a case of aortocaval fistula secondary to abdominal aortic aneurysm, and review the previous literature.

Index words : Aorta, CT
Aneurysm, aortic
Fistula, aortocaval

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