Image of the Month

Mahmoud B. Malas, MD; Shelly Choo, AB; Umair Qazi, MD, MPH; Natalia Glebova, MD; Robert Meguid, MD; Thomas Reifsnyder, MD; Bruce A. Perler, MD; Julie A. Freischlag, MD

A 90-YEAR-OLD WOMAN WITH A HISTORY OF end-stage renal disease secondary to hypertensive nephrosclerosis who underwent hemodialysis, a colectomy with end ileostomy for diverticulitis, and an endovascular aneurysm repair 6 years prior in another institution for a 6-cm infrarenal abdominal aortic aneurysm with an Ancure endograft (Guidant Corp, Menlo Park, California) presented with episodes of melena evident in her ileostomy bag. The aneurysm had increased more than 2 cm in diameter during the past 2 years. In the same institution, she had undergone 2 prior endovascular repairs with AneuRx limb extensions (Medtronics Inc, Minneapolis, Minnesota) placed in the right iliac artery for a type I distal endoleak that eventually occluded. She had adequate collateral flow requiring no revascularization of the right lower extremity. An intravenous contrast computed tomographic scan showed a large endoleak in an 8-cm aneurysmal sac. During an examination, it was determined that the patient had significant abdominal tenderness with minimal guarding. She was tachycardic but normotensive. She underwent an esophagogastroduodenoscopy (**Figure 1**).

What Is the Diagnosis?

A. Peptic ulcer
B. Ampullary cancer
C. Aortoduodenal fistula
D. Duodenitis

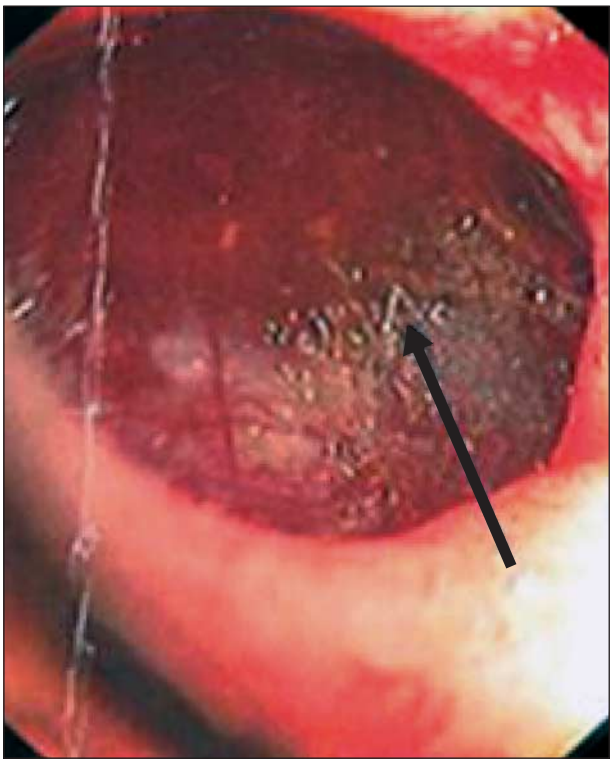

Figure 1. Esophagogastroduodenoscopy demonstrating endograft material seen at the base of a duodenal diverticulum. The arrow indicates the stent struts.

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