

RECURRENT ASPIRATION PNEUMONIA
ASSOCIATED WITH GIANT AORTIC ANEURYSM

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An 83-year-old woman presented to the emergency department with fever, productive cough, and dyspnea. She had been previously diagnosed with dementia and systemic hypertension, and had been a heavy smoker for nearly 50 years. According to her relatives, she had been admitted twice for aspiration pneumonia in the past four months. A chest radiograph showed a right lower lobe consolidation and a large mediastinal mass (Fig. 1). A computed tomography angiography revealed a 10.2 cm descending aortic aneurysm compressing the esophagus (Fig. 2 and 3). Serologic VDRL test was negative. Esophageal clearance was moderately reduced above the aortic arch, with antiperistaltic contractions, as shown by a videofluoroscopic swallowing study. Oropharyngeal dysphagia was also present. The patient was treated for aspiration pneumonia and evaluated by cardiovascular surgeons, who opted for a conservative treatment based on the features of the aneurysm and on the patient's clinical condition. She was discharged with an optimized treatment for systemic hypertension including beta-blockers, as well as with an appropriate diet for dysphagia.



Figure 1: Chest radiography with right lower lobe consolidation and a large mediastinal mass.



Figure 2: Angiotomography showing a descending aortic aneurysm compressing the esophagus.



Figure 3: Angiotomography showing a descending aortic aneurysm compressing the esophagus.

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