## 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 betablockers, as well as with an appropriate diet for dysphagia.



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

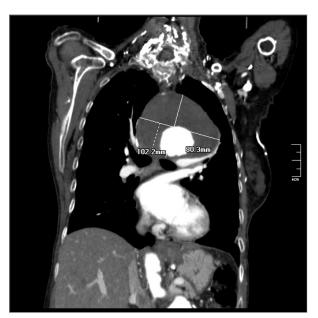


Figure 2: Angiotomography showing a descending aortic aneurysm compressing the esophagus.

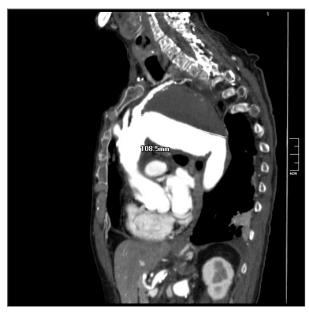


Figure 3: Angiotomography showing a descending aortic aneurysm compressing the esophagus.

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