A 44-YEAR-OLD MAN was admitted with septic shock due to Escherichia coli infection. His history included myocardial infarction and catheter ablation for an atrial flutter in 2004. During his hospitalization, he developed a progressive reduction in his level of consciousness to the point of becoming stuporous. Brain computed tomography showed extensive, multifocal air emboli (Figure). Endoscopy documented an atrial-esophageal fistula. Development of this fistula is a rare but severe complication after catheter ablation for atrial fibrillation secondary to esophageal ulceration.1,2 Afterward, he developed embolic strokes and brain abscesses. All therapies given to the patient, including antibiotics, antithrombotics, and fistula repair, did not improve the condition.3,4 The patient died 3 months later.

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