

Brain Air Embolism Secondary to Atrial-Esophageal Fistula

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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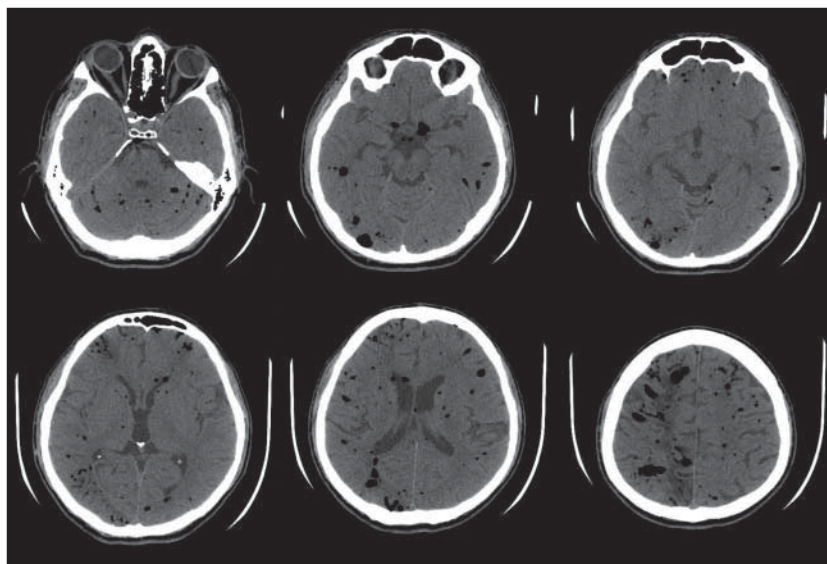


Figure. Axial brain computed tomographic scans. Multiple and bilateral areas of decreased attenuation identified intraparenchymal air pockets.

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