Recurrence Mycotic Aneurysm After Successful EVAR, Good Imaging Does Not Mean Good Result

1. Nattawadee Wiangphoem, MD
   Sunprasitthiprasong Hospital, Ubon Ratchathani, Thailand

2. Kiattisak Hongku, MD
   Siriraj Hospital, Bangkok, Thailand
Disclosure

Speaker name: Nattawadee Wiangphoem

I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [x] I do not have any potential conflict of interest
Introduction

- EVAR is an acceptable alternative management for mycotic aortic aneurysm
History

➢ 57-year-old Thai male
➢ Type II DM, HT, CKD stage 3
➢ Low grade fever & abdominal pain for 1 month
➢ IV antibiotic from other hospital
LAB

➢ CBC: Hb 8.4 mg/dL, Hct 25.3%, Plt count 504000 cells/mm³, WBC 12410 cells/mm³, N 65%, L 21%, M 6%, E 7%
➢ ESR 111 mm/hr
➢ CRP 1.27 mg/L
➢ H/C : NG
CTA Preoperative
CTA Preoperative
CTA Preoperative
Mycotic AAA
Initial treatment

- IV antibiotics with ceftriaxone & cloxacinilin
- Planning for endovascular treatment
Planning

Neck 18 mm

Bifurcation 16 mm

CIA 11 mm
Planning

➢ Small aortic bifurcation
➢ Only Endurant stent graft in the hospital
➢ Concerning for further infection and the need for graft explantation
1st Operation: EVAR

Iliac limb 20-20, 82 mm

Kissing stent

Iliac limb 13-13, 82 mm

Iliac limb 13-13, 82 mm
History

- Clinical improve
- After 6 weeks of IV ATB ➔ oral ciprofloxacin
1 month post operation
1 month post operation
LAB

- ESR
- CRP

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<th>Post op</th>
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History

➢ After 4 months → lost follow up
➢ ATB was discontinued
➢ At 8 months
  ➢ Epigastrium pain with radiation to the back
  ➢ No fever
CTA at 8 month
Recurrent mycotic AAA
Planning

• Graft explantation
• Neo-aortoiliac reconstruction with both femoral vein grafts
All culture was negative
1 month after the operation
Summary

➢ Good imaging does not mean the infection is subsided
➢ Lifelong ATB maybe require after EVAR for a mycotic aortic aneurysm
Thank You
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