A Hybrid Visceral Debranching and Endovascular Aortic Aneurysm Repair for Infected Suprarenal Aortic Aneurysm in an HIV-infected Patient.

Wuttichai Saengprakai, W. Pitaksantayothin, Y. Wongmahisorn, W. Stapanavatr, B. Kanchanabat

Division of Vascular and Endovascular Surgery
Department of Surgery
Faculty of Medicine Vajira hospital
Navamindradhiraj University
Bangkok, Thailand
Disclosure

Speaker name:

Wuttichai  Saengprakai

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)

☑ do not have any potential conflict of interest
A 48-year-old Thai male

- The patient was referred from another hospital with a history of low-grade fever for 10 days and abdominal pain with radiated to the back two days prior to admission.

- He was diagnosed with HIV infection 3 years ago and currently receive antiretroviral
- T 38.5°C RR 18/min HR 90/min BP 110/80 mmHg
- H&L: clear, no murmur
- Abdomen: tenderness at pulsatile mass at epigastrium
Management

- H/C ➔ negative
- Broad spectrum IV antibiotic
Post-op CTA
Post-op Care

- IV antibiotic for at least 6 weeks
- Stayed in ICU 3 days
- He was referred to the primary hospital at 15 days for IV antibiotic
Conclusion

• The hybrid repair has the advantage of avoiding aortic cross clamp and extensive operation

• It offer an alternative treatment for suprarenal aortic aneurysm in high-risk patient and/or high-risk anatomy
Thank you for your attention
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