Endovascular Repair of Mycotic Aneurysms
Better Early & Similar Late Results
A New Treatment Paradigm
Tuesday, 17 January 2017

Septic, back pain.

**WBC** 33

**CRP** 260
Septic, back pain.

**WBC**
33

**CRP**
260
Septic, back pain.

- **WBC**: 33
- **CRP**: 260

Medications:
- Gentamycin
- Thrombin
Septic, back pain.
Septic, back pain.

<table>
<thead>
<tr>
<th>WBC</th>
<th>CRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>260</td>
</tr>
<tr>
<td>14</td>
<td>114</td>
</tr>
</tbody>
</table>
Primary Mycotic Pseudoaneurysm

Pre
Primary Mycotic Pseudoaneurysm

Pre

1.5 yrs
Mycotic Aneurysms:

“Semi-Conservative Tx”

Definition:
Avoids Radical Extirpation of Infected Graft

Techniques:
1. Exclusion of Pseudoaneurysm with SG
2. Drainage of Infected Sac
3. Resection of Infected Sac (Leaving Behind Graft or SG)
4. AB Alone (Inoperable Pts, Mild Symptoms, Uncertain Diagnosis)
Drainage of Infected Sac
Drainage of Infected Sac
Drainage of Infected Sac
Drainage of Infected Sac
Drainage of Infected Sac
Drainage of Infected Sac
Drainage of Infected Sac
Drainage of Infected Sac
6.5 cm Pre-Drainage

3 yrs FU

Gone!
Mycotic Aneurysms:

“Semi-Conservative Tx”

Definition:
Avoids Radical Extirpation of Infected Graft

Techniques:
1. Exclusion of Pseudoaneurysm with SG
2. Drainage of Infected Sac
3. Resection of Infected Sac (Leaving Behind Graft or SG)
4. AB Alone

Inoperable Pts
Mild Symptoms, Uncertain Diagnosis
Mycotic Aneurysms:

“Semi-Conservative Tx”

**Definition:**
Avoids Radical Extirpation of Infected Graft

**Techniques:**
1. Exclusion of Pseudoaneurysm with SG
2. Drainage of Infected Sac
3. Resection of Infected Sac *(Leaving Behind Graft or SG)*
4. AB Alone
   - Inoperable Pts
   - Mild Symptoms, Uncertain Diagnosis
Resection of Infected Sac

Preop

Postop

24 Mo
Resection of Infected Sac

Preop

Postop

24 Mo
Resection of Infected Sac

Preop | Postop | 24 Mo
Resection of Infected Sac

Preop  Postop  24 Mo
Resection of Infected Sac

Preop | Postop | 24 Mo
Resection of Infected Sac

Preop  Postop  24 Mo
Resection of Infected Sac

Preop  Postop  24 Mo
Resection of Infected Sac

Preop

Postop

24 Mo
Resection of Infected Sac

6 Months Post
Aortic Infection
Malmö 2004 - 2011

Patients (N) 48  (37 Men)
Age 70 yrs (42 – 87)
Follow-up 3 yrs (1mo – 7 yrs)
Results
Semi-Conservative Treatment

30-d Mortality: 7% (3)

Late Mortality (Disease Related): 27% (12)

Σ Mortality (Disease Related): 30% (15)

Inoperable Pts: 3 (4) Died
Infected Aortic Grafts

Conclusions

Most Infected Aneurysms Don’t Need Radical Surgery

Less Trauma
Lower Early Mortality
Similar or Better Long Term Survival
Many Infections Do Heal
Endovascular Repair of Mycotic Aneurysms

Better Early & Similar Late Results

A New Treatment Paradigm