“Spontaneous rupture of the aortic bifurcation: endovascular treatment and complications”

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Disclosure

Speaker name: MD. Javier Río

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)

I do not have any potential conflict of interest
The patient

• Male 81 years old.
• HBP.
• Miocardial Infarction 2007 (coronary stent).
• Complete A-V blockade (pacemaker).
• Pulmonary nodule.

Abdominal-Back pain + Fever (38°)
April 2015: Diagnosis & Evolution

After 4 days:
• New CT without changes.
• No pain.
• No fever.
• Blood cultures (-)

Discharged!
June 2015: Back pain

- Avoid Open Repair
- Smallest aortic device: 25 mm. diameter
- 9 mm.
- 10 mm.
- 16 mm.
June 2015: Post-procedure CT
June 2015: Leak treatment

Discharged!
August 2015: Fever & Back pain

- No leak.
- Gas around aorta.
- Vertebrae destruction.
- Blood Culture (+) E.Faecalis

We tried i.v. antibiotherapy...
September 2015: Open Repair

• 5th Postoperative day: Bleeding from the bypass (repaired).

• 7th Postoperative day: Died due to myocardial infarction
Considerations

• In this case endovascular therapy was useful to achieve aortic seal in a “fragile” patient with a “narrow” aorta, but finally uneffective due to the enteric fistulae.

• Endovascular strategies are not appropriate as first line treatment for aortic infections, but can be considered in high risk patients (with lifetime antibiotherapy).

Thank you !!!
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