LISTERIA MONOCYTOGENES
AORTO-ILIAC RELATED INFECTIONS:
REPORT OF TWO CASES

María Asunción Romero Lozano
Hospital Ramón y y Cajal
Madrid, Spain
María Asunción Romero Lozano

☐ I do not have any potential conflict of interest
Listeria monocytogenes is a gram-positive bacillus that usually infects pregnant women, elderly or immunocompromised patients.

There are few reported cases of aneurysms infected with L. monocytogenes in the literature.
We present two cases of aorto-iliac aneurysm and endograft listeria related infections.
CASE 1

- 80 year-old man
- Hypertension
- Atrial fibrillation under anticoagulant
- Ruptured Abdominal aortic aneurysm 3 years earlier, treated with aortic-right uniliac endograft plus femoral crossover bypass

He was taken to the emergency service with sudden abdominal and back pain

**Physical examination:**
- Blood pressure 140/90 mmHg. Afebrile
- Abdominal pain without any peritoneal reaction.
CASE 1

Urgent Angio-CT: Periaortic swelling without gas and other endograft complications
• He was admitted with suspicion of aortic endograft infection

• Treated with antimicrobial therapy (Piperacillin + Tazobactam) for 3 weeks and discharged from hospital.
One month later, he presented diarrhea and continuous abdominal pain.

New angio-CT:

Thickened periaortictissue and gas bubbles
CASE 1

URGENT SURGERY:
- Endograft removal
- New aortic-right iliac silver-coated bypass

Endograft culture revealed *Listeria monocytogenes*
CASE 1

- He completed 4 weeks of intravenous ampicillin and gentamicin.

- After **1 year follow-up** the patient remains **asymptomatic**. Currently, he is on cotrimoxazol.
• 83 year-old man

• Severe emphysema on continuous oxygen support

• He was taken to the emergency room with sudden hypotension, abdominal pain and slight fever

Physical examination:

- BP: 90/50 mmHg; T 38º Celsius
- Peritoneal reaction with pain on palpation of the lower right quadrant of his abdomen.
CASE 2

73 mm right hypogastric aneurysm ruptured
• **Urgent surgery:** Bifurcated endograft with coil hypogastric sac embolization

• Blood cultures revealed *Listeria monocytogenes* infection

- Treatment with intravenous **ampicillin and gentamycin** for 6 weeks with change to peroral cotrimoxazol.

- He was discharged (at 2 months) on long term cotrimoxazol regime.
CASE 2

After 3 months follow-up
After 6 months follow-up, the patient remains asymptomatic.

Currently, he is on cotrimoxazol
CONCLUSIONS

• Listeria monocytogenes is a rare cause of primary aortic and/or endograft infection.

• The primary drug of choice in the management of Listeria infection is **ampicillin** and **gentamicin**.

• There is **no consensus** on the duration of the **therapy**, ranging from 2 weeks to life-long coverage.
CONCLUSIONS

• Treatment options include surgical removal of the graft and infected area with subsequent replacement of an extra-anatomical graft or an in situ reconstruction.

• High risk patients may benefit from less invasive treatment such as EVAR and life-long antibiotic regime.
Thank you
LISTERIA MONOCYTOGENES
AORTO-ILIAC RELATED INFECTIONS:
REPORT OF TWO CASES

María Asunción Romero Lozano
Hospital Ramón y Cajal
Madrid, Spain