Mycotic visceral artery aneurysms management: Short and midterm results

B. Mustapha and R. Khalil
Kasr Alainy Hospital, Faculty of Medicine, Cairo University
Aim

Analysis of 8 cases of mycotic visceral artery aneurysm encountered in our institute with special emphasis on short and midterm results
Patients and methods

Retrospective study

All patients treated for mycotic visceral aneurysms from 2011 to 2014 at Cairo university Kasr Alainy Hospitals were reviewed.
Results

Demographics:

Eight patients with mycotic visceral aneurysm were treated

Gender: 5 males and 3 females

Age: ranges between 20 to 48 years

Rheumatic Heart Disease: 7 patients

Recreational drug user: 1 patient

Infective Endocarditis: All the 8 patients
Presentation

**Abdominal pain:** 4 cases

**Fever of unknown origin:** 2 cases

**Shock and abdominal pain:** 1 case

**Asymptomatic:** 1 case, discovered during the screening for peripheral mycotic aneurysm
Involved Arteries

**Splenic**: 3 cases

**Superior mesenteric**: 3 cases, 2 of them after origin of middle colic, and the other one in a jejunal branch

**Hepatic**: 2 cases

*Three cases were associated with peripheral mycotic aneurysm*
Management

**Splenic artery aneurysms:**
- 2 were excised with splenectomy
- One was coiled

**SMA aneurysms:**
- One was excised with ligation
- The other was repaired by saphenous vein due to mesenteric ischemia

**Jejunal artery aneurysm:** excised with no intestinal resection

**Hepatic artery aneurysms:**
- One aneurysmorrhaphy
- The other was repaired by saphenous vein.
During mean 2 years follow up:

There was no reported complications in 6 of the 8 patients

Two cases of mortality,

1) Ruptured splenic artery that was ligated but the patient died three days postoperative

2) Died of heart failure 6 months postoperative
Hepatic artery aneurysm

48 y old male, not diabetic, not HTN

Presented to the cardiology department with FUO of 1 week duration

Echocardiography: mitral valve anterior leaflet abscess (brucella)

Abdominal U/S, CTA: hepatic artery aneurysm
Hepatic artery angiography: aneurysm of hepatic artery proper, small aneurysm in its Lt branch
Conclusion

In the current era of endovascular surgery, open surgery is still safe and effective with good early and midterm results regarding the management of MVA, however more comparative studies should be done to optimize their treatment.
Thank You
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