Infection of the Aorta

Is Graft Excision Mandatory?

A New Treatment Paradigm:

The Non-Radical Approach
Mycotic Aneurysm

Day 1.
Day 4.
Postop
12 Mo
Septic, back pain.

WBC 33

CRP 260
Septic, back pain.
Septic, back pain.

<table>
<thead>
<tr>
<th>WBC</th>
<th>CRP</th>
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<td>260</td>
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Days

WBC

CRP

0  1  2  3  4  5  6  7
Primary Mycotic Pseudoaneurysm
Primary Mycotic Pseudoaneurysm

Pre

1.5 yrs

HEALED!!!
Infected Stentgrafts???

Primary Mycotic Aneurysms:

Majority Heal with EVAR

86% Survival
Infected Stentgrafts???

Drainage of Infected Sac
Infected Stentgrafts???

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Infected Stentgrafts???

3 yrs FU

6.5 cm
Pre-Drainage

Gone!

Drainage of Infected Sac
Infected Stentgrafts???
Infected Stentgrafts???

Preop  Postop  24 Mo

Resection of Infected Sac
Infected Stentgrafts???

Preop

Postop

24 Mo

Resection of Infected Sac
Infected Stentgrafts???

Resection of Infected Sac
Infected Stentgrafts???

Preop  Postop  24 Mo

Resection of Infected Sac
Resection of Infected Sac

Infected Stentgrafts???
Infected Stentgrafts???

Resection of Infected Sac
Infected Stentgrafts???

Omental Wrap

Preop  Postop  24 Mo

Resection of Infected Sac
Infected Stentgrafts???

6 Months Post
Resection of Infected Sac
Results

Non-Radical Treatment

30-d Mortality  
7 %  (3)

Late Mortality (Disease Related)  
27 %  (12)
Infected Aortic Aneurysms

Conclusions

Most Infected Aneurysms Don’t Need Radical Surgery

Less Surgical Trauma
Lower Early Mortality
Similar or Better Long Term Survival
Many Infections Do Heal
Infection of the Aorta