should be avoided to prevent re-infection, while an extra-anatomical bypass is feasible [2, 3].

The use of a woven Dacron graft soaked with antibiotics has been reported to prevent graft infection even during in situ replacement [2, 4, 5]. Prosthetic woven Dacron grafts soaked with Rifampicin were applied in three of the current patients. A homograft, although unusable at this institution, is known to better resist bacterial colonization and present better mechanical properties than prosthetic grafts.

The treatment of ITAA is principally based on the use of antibiotic therapy. Surgical intervention is indicated only for the prevention of an aneurysmal rupture. The surgical strategy for ITAA should be determined on a case-by-case basis with a careful follow-up including short-interval CT re-examinations.

References


eComment: Endovascular treatment of mycotic aneurysm as a definitive therapy or bridge to surgery in critically ill patients

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I read with interest the paper by Nakashima et al. on the surgical management of mycotic aneurysms of the aorta [1]. In spite of the advances in surgical techniques, postoperative care and antibiotics, the mortality and morbidity rates associated with conventional open surgical treatment of mycotic aneurysms are reported to be as high as 40% [2, 3]. Congratulations to the authors for their excellent surgical results in these really tough cases.

There are a few reports in the literature on successful endovascular management of infected aortic aneurysms [4, 5]. Also, we have a very limited experience on stent graft treatment of an infected post surgical pseudoaneurysm of the aorta presented with aortobronchial fistula. According to these reports, we believe that this type of minimally invasive treatment should be considered in very selected cases, especially for those patients who are critically ill and in sepsis condition. According to clinical response and results of imaging studies endografting can be considered the definitive treatment or a bridge to surgery as an interval to clinical stabilization of sepsis patients. More experience is needed to clarify the role of endovascular treatment in the management of mycotic aortic aneurysm.

References


