Letter to the Editor

Treatment of ruptured tuberculous aortic aneurysms

Olivier Steichen*
Department of Internal Medicine, Tenon Hospital, AP-HP, 4 rue de la Chine, 75020 Paris, France

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The introduction of the case report ‘Conservative treatment for rupture of thoracic aortic aneurysm’ by Namai and Sakurai is somewhat misleading [1]. Four references are cited to support the statement that tuberculous involvement of blood vessels is rare, which is true but off-topic. Indeed, the reported aneurysm was not caused by tuberculosis; it merely involved a patient with a history of lung tuberculosis. The authors even suggest that this healed tuberculosis was beneficial, because residual fibrous scars around the aorta might have contained the bleeding from the ruptured aneurysm.

It should be emphasised that the treatment of tuberculous aortic aneurysms, unlike the reported case, combines antitubercular drugs and aortic repair [2]. Surgical repair and debridement of surrounding infected tissues is the best option. However, successful endovascular repair has been reported in a case of tuberculous aneurysm of the aortic isthmus without adjacent infected tissue [3]. Endovascular repair is also a palliative alternative when surgery is impossible or refused by the patient [4].

References


* Corresponding author. Address: Service de Médecine Interne, Hôpital Tenon, 4 rue de la Chine, F-75020 Paris, France. Tel.: +33 1 56 01 60 33; fax: +33 1 56 01 70 82.
E-mail address: olivier.steichen@tnn.aphp.fr.

Reply to the Letter to the Editor

Reply to Steichen.
Survival from ruptured aortic aneurysm without any operations

Masahiro Sakurai*, Asako Namai
Department of Cardiovascular Surgery, National Hospital Organization Sendai Medical Center, 2-8-8, Miyagino, Miyagino-ku, Sendai 983-8520, Japan

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Keywords: Elderly patient; Conservative treatment; Severe tuberculous adhesion

Steichen suggested that our reported case of aneurysm was not caused by tuberculosis [1]. We have no idea whether our case was tuberculous aortic aneurysm or not because we did not perform an operation and we could not give histopathologic examination. This was not the point of our report.

We did not perform surgery because the patient was elderly (88 years old) and the patient’s family selected the conservative treatment. By chance, rupture of thoracic aortic aneurysm, of which mortality is very high [2,3], occurred on the patient who had a history of lung tuberculosis. We believed that the ruptured site might be sealed by the scared tissue, and the patient survived with conservative treatment. There have been some reports that the tuberculous adhesions around aorta or pulmonary cavity were severe in the operation findings [4,5], and we referred those factors. Our case was quite rare.

References


* Corresponding author. Tel.: +81 22 293 1111; fax: +81 22 291 8114.
E-mail address: sakurai@snh.go.jp (M. Sakurai).

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