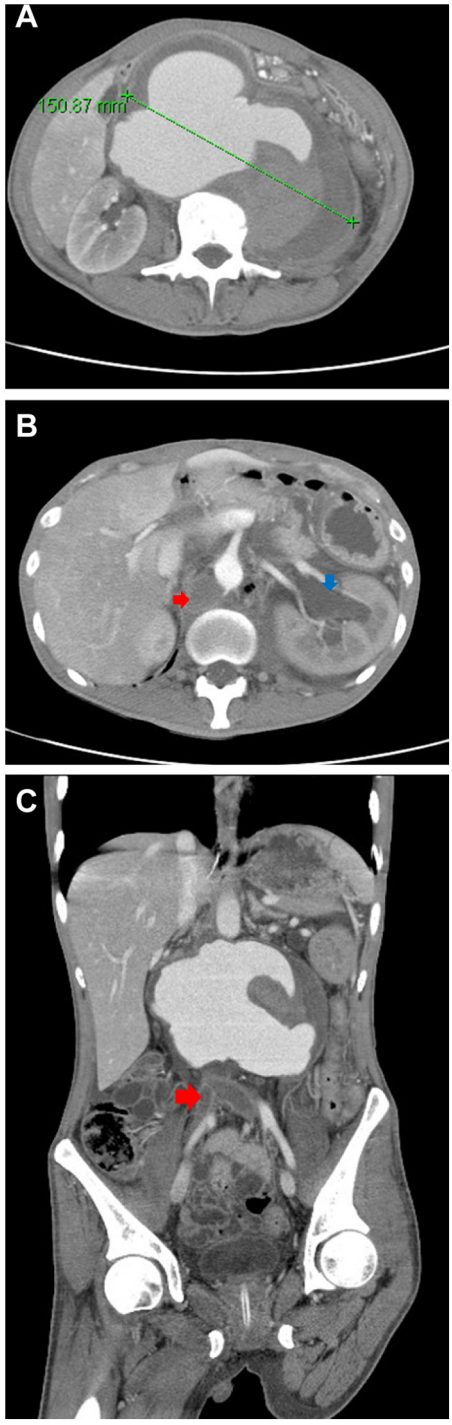
Very large infrarenal infected aortic pseudoaneurysm in a healthy young patient

Myeong su Kim, MD,[a] *and* Suk-Won Song, MD, PhD,[b] *Gyeongsan and Seoul, Republic of Korea*

Although rare, infected aortic aneurysms are associated with high morbidity and mortality, despite appropriate treatment.[1] An afebrile 33-year-old healthy man had visited the emergency department with a 3-day history of sharp abdominal pain. Initial computed tomography revealed an infrarenal pseudoaneurysm (150 mm; *A*), deep vein thrombosis from the inferior vena cava to both iliac veins (*B* and *C*; *red arrows*), and left hydronephrosis secondary to extrinsic compression of the ureter (*B*; *blue arrow*). Preoperative laboratory tests revealed that the C-reactive protein, procalcitonin, blood urea nitrogen, and creatinine levels were 216.9 mg/L, 1.95 ng/mL, 87.8 mg/dL, and 4.10 mg/dL, respectively. The white blood cell count was 16,840/μL. He underwent emergency surgery, in which median laparotomy was performed. After suprarenal cross-clamping, the aneurysm was opened, and a massive mural thrombus was removed. All segmental arteries were suture ligated. The infrarenal abdominal aorta was replaced with a rifampicin-soaked straight graft (18 mm; Hemashield, Maquet, Germany), and omentopexy was performed. *Staphylococcus epidermidis* and *S. hominis* were cultured from specimens collected from the surgical field. Intravenous antibiotics (meropenem and teicoplanin) were administered for a total of 7 weeks. During his hospitalization, catheter-directed thrombolysis and rheolytic thrombectomy were performed via the femoral vein for the deep vein thrombosis. The patient was discharged uneventfully. During the course of 3 years postoperatively, he was doing well and continued taking oral antibiotics and anticoagulants. The patient provided written informed consent for the report of his case details and imaging studies.



REFERENCE

1. Cina CS, Arena GO, Fiture AO, Clase CM, Doobay B. Ruptured mycotic thoracoabdominal aortic aneurysms: a report of three cases and a systematic review. J Vasc Surg 2001;33:861-7.

Submitted Mar 31, 2022; accepted Jun 19, 2022.

From the Department of Thoracic and Cardiovascular Surgery, Yeungnam University Medical Center, Yeungnam University College of Medicine, Gyeongsan[a]; and the Department of Cardiovascular Surgery, Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul.[b]

Author conflict of interest: none.

E-mail: sevraphd@yuhs.ac.

The editors and reviewers of this article have no relevant financial relationships to disclose per the Journal policy that requires reviewers to decline review of any manuscript for which they may have a conflict of interest.

J Vasc Surg Cases and Innovative Techniques 2022;8:505

2468-4287

https://doi.org/10.1016/j.jvscit.2022.06.012