



West London
Vascular and
Interventional Centre

**Many Infected Aneurysms and Grafts
Do Not Need Radical Excision**

25 yrs Personal Experience

Wembley from St. Mark's / NP Hospital



An Established Misconception

**"Aortic Infection
MUST Be Radically Excised"**

Patients Are Told that:

- ~~They Cannot Survive w/o Radical Surgery~~
- ~~All Bacteria Will Be Removed Surgically~~
- ~~They Tolerate Radical Surgery Well~~

Primary Mycotic Aneurysms

Crazy?

World 1st Chimney!

14 yrs FU!

1999 2013

Primary Mycotic Aneurysms

November 2013

Radical surgery may not always be the answer for mycotic aneurysms

MARTIN MALINA
KAROLINA HELCZYNSKA

COMMENT & ANALYSIS

Patients with aortic infection benefit from a "semi-conservative treatment" with less surgical trauma as compared to radical surgery, Martin Malina and Karolina Helczynska, Malmo, Sweden, write.

It remains a widely accepted view that aortic infection with a primary mycotic aneurysm (MA) necessitates an infected aortic graft or even graft excision. Radical treatment includes excision of the infected blood vessel and subsequent vascular reconstruction—most commonly, a primary resect and reconstruct.

Extensive vascular surgery is, however, poorly tolerated by compromised patients such as those with aortic infection. Early morbidity and mortality is significant and late complications include recurrent infection with hemorrhage. Bypass of the aorta may exemplify a direct complication of this surgical reconstructive approach. A less traumatic alternative treatment is, therefore, identified, and six patients had aortic infections.

The 30-day mortality of SCT was 7%. Overall, infection-related mortality was 14% during a median follow-up of 18.6 years.

The most favorable outcome of SCT, with a long-term survival of 87%, was observed in patients treated for a primary mycotic pseudoaneurysm with most graft.

The best favorable results, with a mortality of 0%, occurred in aortic mycotic fistulae.

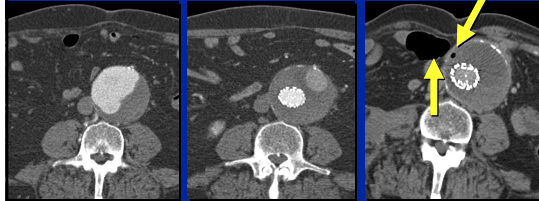
The most recent patient illustrates the potential advantage of SCT. This 67-year-old case presented with abdominal pain and fever. CT disclosed a rapidly expanding aortic pseudoaneurysm of the

Primary Mycotic Aneurysms

Published: 2015, DOI: 10.1007/s00188-016-1832-Epub 2016 Oct 31.
Nationwide Study of the Treatment of Mycotic Abdominal Aortic Aneurysms Comparing Open and Endovascular Repair.
Sorenlius K*, Swedish Collaborator Group for Mycotic Abdominal Aortic Aneurysms.

Mortality	OR	EVAR
3 Mo	26%	4%
12 Mo	27%	16%

Resection of Infected Sac

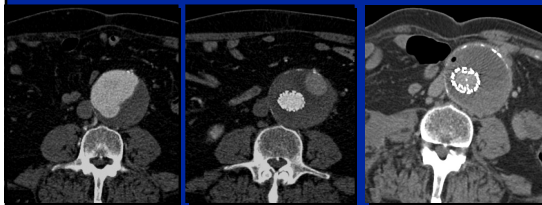


Preop

Postop

24 Mo

Resection of Infected Sac

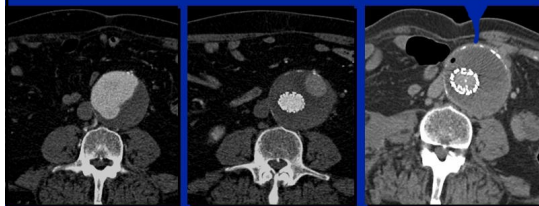


Preop

Postop

24 Mo

Resection of Infected Sac

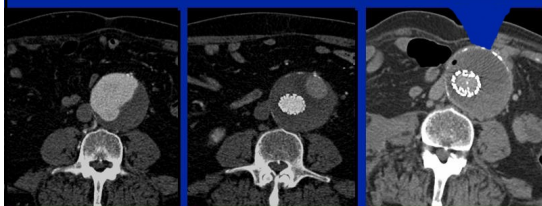


Preop

Postop

24 Mo

Resection of Infected Sac

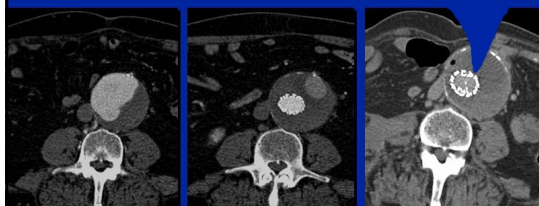


Preop

Postop

24 Mo

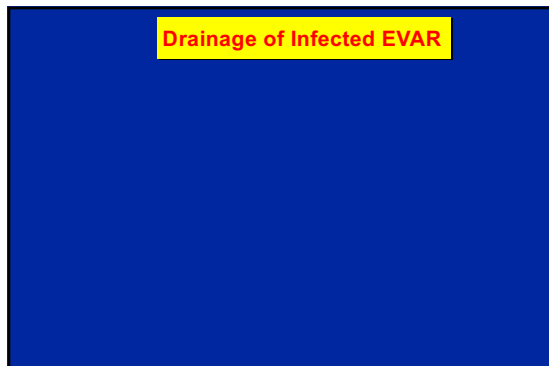
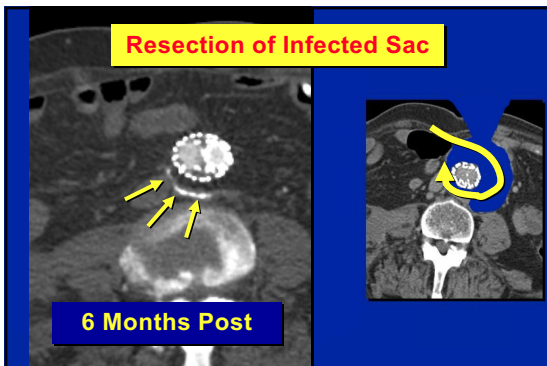
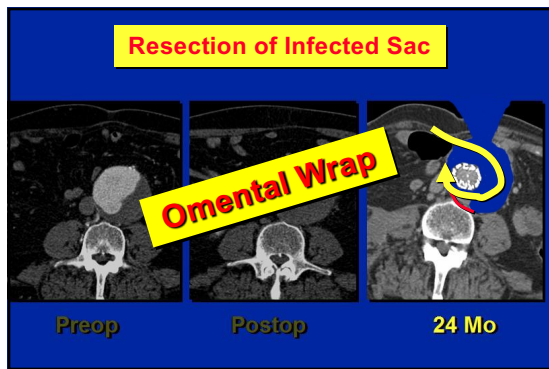
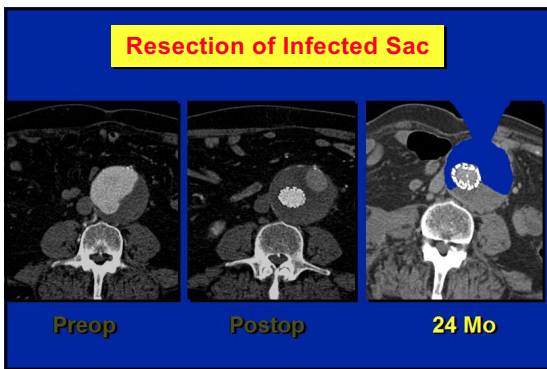
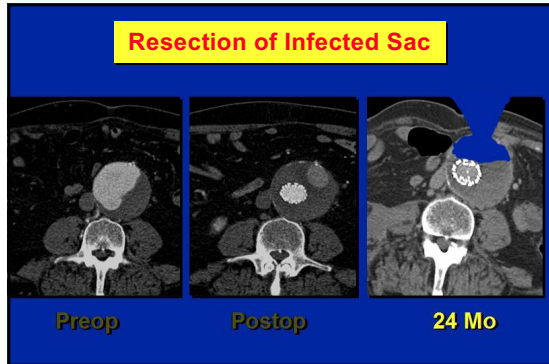
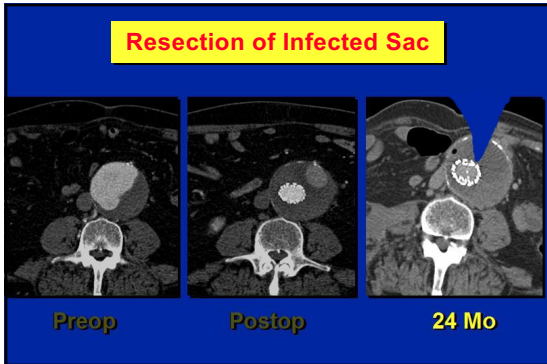
Resection of Infected Sac

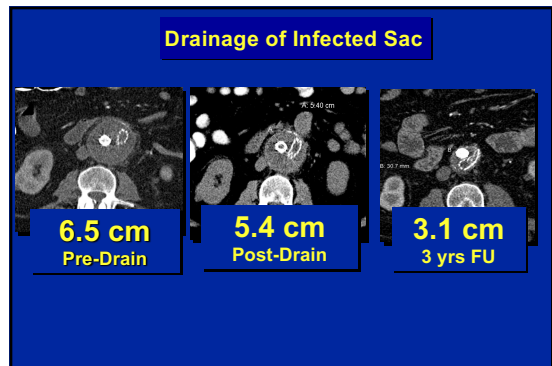
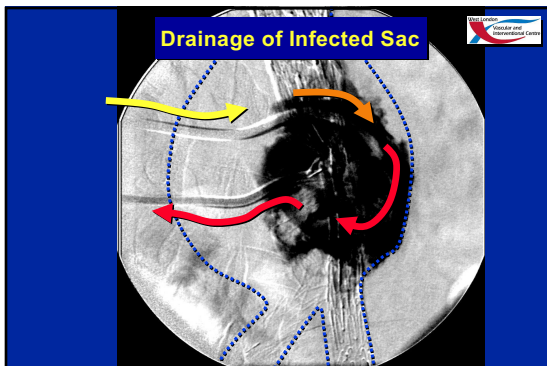
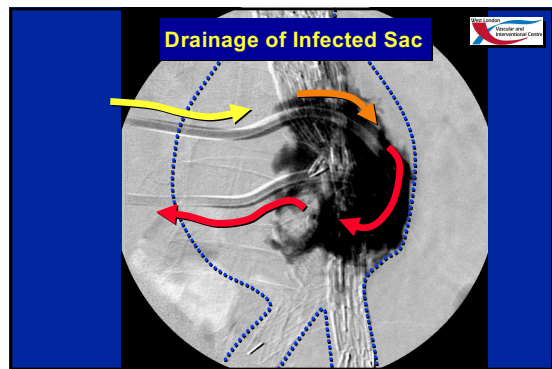
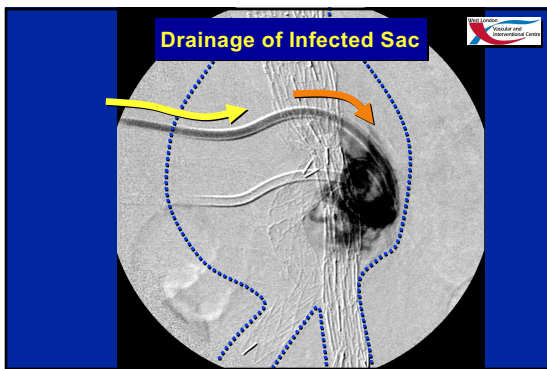
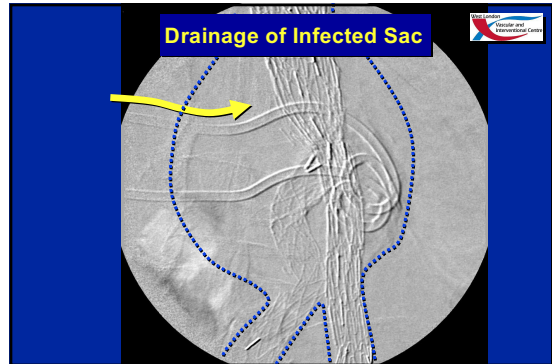
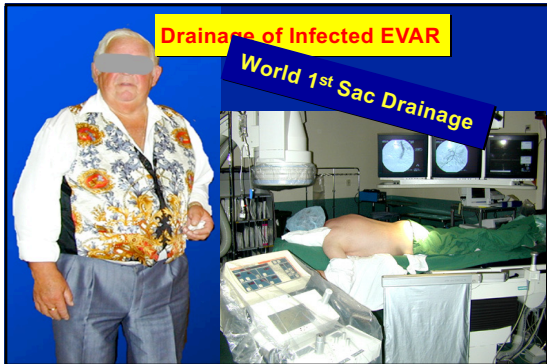


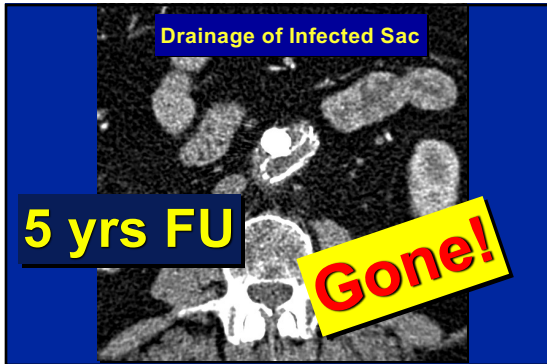
Preop

Postop

24 Mo







London

Septic, back pain.

WBC	CRP
33	260

Caging

London

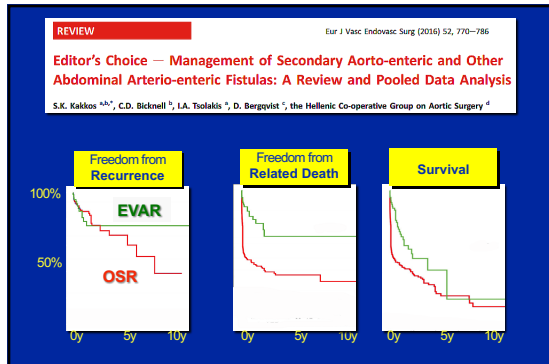
Septic, back pain.

WBC	CRP
33	260

Days	WBC	CRP
0	30	260
1	28	240
2	25	220
3	22	180
4	18	150
5	15	120
6	12	100
7	10	100

5 Months

2 yrs



Non-Radical Treatment Expanding Indications

CFA Patch

VAC!

1 Mo **Viabahn**

Expanding Indications for Non-Radical Treatment

Carotid Patch

Relining → **Patch removal (No Clamping!)** → **VAC**

Courtesy Prof. Wanhainen

Expanding Indications for Non-Radical Treatment

Carotid Patch

Uppsala Experience

9 Cases
All Healed
(8 yrs FU)

Relining **VAC**

Courtesy Prof. Wanhainen

Infected Aortic Aneurysms

Conclusions

Many Infected Aneurysms Don't Need Radical Excision

Choose Less Invasive Treatment!

- Lower Early Mortality
- Similar or Better Long Term Survival

Many Infected Grafts and Aneurysms Do Heal

