Disclosures

• None

5 Stable Mycotic AAAs Treated w EVAR

<table>
<thead>
<tr>
<th>Case</th>
<th>Gender/Age</th>
<th>Organism</th>
<th>Procedure</th>
<th>Complications</th>
<th>2nd Procedure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M, 65</td>
<td>S. aureus</td>
<td>EVT, EVAR</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
<tr>
<td>2</td>
<td>F, 56</td>
<td>S. epidermidis</td>
<td>EVT, EVAR</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
<tr>
<td>3</td>
<td>M, 71</td>
<td>E. coli</td>
<td>EVT</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
<tr>
<td>4</td>
<td>M, 69</td>
<td>S. epidermidis</td>
<td>EVT, EVAR</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
<tr>
<td>5</td>
<td>F, 57</td>
<td>S. epidermidis</td>
<td>EVT, EVAR</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
</tbody>
</table>

4 Unstable Mycotic AAAs Treated w EVAR

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<tr>
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<th>Complications</th>
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<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
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<td>S. aureus</td>
<td>EVT, EVAR</td>
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<tr>
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<td>E. coli</td>
<td>EVT</td>
<td>None</td>
<td>None</td>
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<tr>
<td>3</td>
<td>F, 58</td>
<td>S. epidermidis</td>
<td>EVT, EVAR</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
<tr>
<td>4</td>
<td>M, 67</td>
<td>S. epidermidis</td>
<td>EVT, EVAR</td>
<td>None</td>
<td>None</td>
<td>Alive</td>
</tr>
</tbody>
</table>

ENDOVASCULAR TREATMENT OF INFECTED AAAS: IS SURGICAL DRAINAGE AND DEBRIDEMENT ALWAYS NECESSARY?

You're Right!
I Give up!

Don't Excise the Grafts!
Drainage of Infected Sac

6.5 cm

Healed!

"Mycotic" aneurysm

Misnomer!
"Mycotic" aneurysm

Primary Mycotic Pseudoaneurysm

Pre

2 Mo

Primary Mycotic Pseudoaneurysm

Pre

1.5 yrs

Post EVAR!

Results

SG in Mycotic Aneurysms 2004-2011

N 13 pts
FU 13 mo (1 mo – 5.5 yrs)
30-d Mortality 0
Total Mortality 2 (15 %)
Explantation 1 (at 1.5 yrs)

Exclusion with SG

Day 1.

Day 4.

Postop

4 Mo

Exclusion with SG

Day 1.

Day 4.

Postop

4 Mo
Day 1. Day 4. Postop 4 Mo
Exclusion with SG

Day 1. Day 4. Postop 4 Mo
Exclusion with SG

Day 4. Postop 4 Mo
Exclusion with SG

Day 4. Postop 18 Months FU
Exclusion with SG

1. Day 4. Postop 4 Mo
Exclusion with SG

1999 2013
Exclusion with SG ?

14 yrs FU!

1.5 yrs FU
Results
SG in Mycotic Aneurysms

Is Exclusion by SG Enough?
No, Not Always!

10 – 20 % Require Adjunctive:
  a) Translumbar Drainage
  b) Debridement w/ Omental Wrap
Tx of Infected Grafts w/o Excision

Conclusions

Zero Early Mortality
Comparative (Better?) Survival
Drainage or Debridement

Many Infected SGs Do Heal
Infected Aorta Rarely Needs Excised

West London
Vasc.Center

Malmö
Vasc.Center