Treatment of Infected Abdominal Endografts: Radical vs Conservative

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Infected-EVAR (I-EVAR)

• EVAR infections range: 0.02-5%
• Mortality form I-EVAR: 11-50%

I-EVAR

• Time to presentation from initial placement
  • Mean: 1-2 years
  • But, can occur within first 30 days
• Time of presentation to explant
  • Mean 30-153: days….time to make a plan
  • But, emergent cases such as ruptures and fistulae: 8-20%

What to do

• Level 1 evidence
I-EVAR
What to do
• Level 2,3,4.... evidence

Graft Preservation
Meta Analysis by Moulakakis, et al
• 29 patients treated without graft explantation
• In hospital mortality 21% (n=6)
• Overall mortality 45% (n=13)

Decision to keep I-EVAR in situ should be reserved for patients who would otherwise not survive surgical explantation and reconstruction

I-EVAR
• Malina
  • “Leave behind the infected graft”
  • SAC is the issue, not the graft
• Drainage and washout graft
• Resection of SAC
  • 0% early mortality
  • 15% mortality at 2 years

I-EVAR
“Leave behind the infected graft”
• Goes beyond major tenants of vascular surgery
• Early mortality → 0% → how?

I-EVAR
• Take the graft out . . . but must revascularize
• Best way?

I-EVAR: Revascularize
• Extra anatomic – axillo-femoral-femoral
• In-situ
  • Allograft
    • Cryopreserved allograft
  • NAIS
  • Prosthetic
    • Antibiotic soaked
    • Naked prosthesis
I-EVAR: Reconstructions

- Prosthetic grafts
  - In-line or extra anatomic
  - Significantly worse!
- NAIS or cryopreserved…best
  - 65-72% 5-year survival

I-EVAR: Treatment

Money’s Standard of Care

- Remove the infected graft!
- Debridement of infected tissue
- In-situ reconstruction with autologous tissue
- Omental wrap
- Long-term antibiotic