An Infected Aortic Graft Needs NOT Come Out!

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DEBATE

Professor Bower:
Chairman Mayo Clinic
>186 Articles
>64 Book Chapters

Endograft Infection*  
Graft Needs Come Out!

... there is total graft involvement because the device is left inside the aneurysm sac.

*Northwestern Vasc Symp 2015
www.vascularspecialistonline.com/honcar/article

Endograft Infection

24 Infected SGs:  Explanted
21 In Situ Reconstructions
15 Rifampin Soaked Dacron

Follow-up:  One Year (Median: 14 mo)
Mortality:  21%  (5 pts)

Fatima J et al, JVS 2013

Disclosures

- None

14th Annual
Resident Research Day
SIU Department of Surgery
Friday, May 9, 2014
Memorial Stadium, SIU, Carbondale, IL
6:30 a.m. to 12:00 p.m.
Fatima J et al, JVS 2013

**Endograft Infection**

3 pts Non-Radically Treated

Partial Excision

"Poor Clinical Status"

"...Did Well!"

Follow-up: One Year (Median: 14 mo)

Mortality: 2/21 Pts (24%) Radical Tx

0/3 Pts (0%) Non-Radical Tx

Fatima J et al, JVS 2013

**Endograft Infection**

Re-infections: One (4%)

"...cryopreserved grafts now first choice..."

Follow-up: One Year (Median: 14 mo)

Mortality: 2/21 Pts (24%)

Fatima J et al, JVS 2013

**Alternative!**

**Leave Behind the Infected Graft!!!**

Avoid Major Surgical Trauma

Avoid Multiple Anastomoses in Infected Area

How?

1. Place SG if Rupture or EL
2. Drain
3. Resect Sac (leaving behind the SG)

**Alternative?**

**Leave Behind the Infected Graft!!!**

Avoids Major Surgical Trauma

Avoids Multiple Anastomoses in Infected Area

How?

1. Exclude Rupture / EL with SG
2. Drain
3. Resect Sac (leaving behind the SG)
Results
SG in Mycotic Aneurysms 2004-2011

- **N**: 13 pts
- **FU**: 2 yrs (1 mo – 6.5 yrs)
- **30-d Mortality**: 0
- **Total Mortality**: 2 (15%)
- **Explantation**: 1 (at 1.5 yrs)

**Leave Behind the Infected Graft!!!**

- Avoids Major Surgical Trauma
- Avoids Multiple Anastomoses in Infected Area

**How?**

1. Exclude Rupture / EL with SG
2. Drain
3. Resect Sac (leaving behind the SG)
2. Drainage of Infected Sac

Pre Drain

Postop

Sac Resection
(Leaving Behind SG)

Alternative?

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Alternative?

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6.5cm

7.5 yrs FU
Infected Aortic Graft

Conclusions

Infected Aorta Needs Not Be Excised

Less Surgical Trauma
Lower Early Mortality (0!)
Similar (Better?) Long Term Survival
Many Infected Grafts Do Heal

The Turning Torso
Malmö

Turning Torso Bldg, Malmö

VEITH Symposium
Connecting the Vascular Community