Graft Excision Is Not Mandatory For Aortic Graft Infection!

A New Treatment Paradigm

Excision of Infected Graft
In Situ Reconstruction…
…with Deep Vein or Bovine

88% Survival at Three Years

Survival
EVAR Trial
Lancet 2005

88% Survival at Three Years

NO DISCLOSURES
Operation Time: 7.2 hrs
Mortality: 40%
Not All Grafts Could be Excised Entirely
"No Re-infections after Partial Graft Removal"

Septic, back pain.

WBC 33
CRP 260

WBC
CRP

Days
0 1 2 3 4 5 6 7
300
200
150
100
50
0

5 Mo PET-CT

Primary Mycotic Aneurysms:

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

Nationwide Study of the Treatment of Mycotic Abdominal Aortic Aneurysms Comparing Open and Endovascular Repair.
Primary Mycotic Aneurysms:

Infected Stentgrafts???

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
**Results**

**Non-Radical Treatment**

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<table>
<thead>
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<tbody>
<tr>
<td>30-d Mortality</td>
<td>7 %</td>
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<tr>
<td>Late Mortality</td>
<td>27 %</td>
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<tr>
<td>(Disease Related)</td>
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**Infected Aortic Aneurysms**

**Conclusions**

- Most Infected Aneurysms Don’t Need Radical Surgery
- Avoid Major Surgical Trauma
- Lower Early Mortality
- Similar or Better Long Term Survival
- Many Infections Do Heal