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CARDIOVASCULAR FLASHLIGHT

Luetic mycotic pseudoaneurysm of the aortic isthmus

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Since the wide range introduction of antibiotic treatment, development of the systemic luetic disease with mycotic aortitis has become extremely rare. Atraumatic, spontaneous aortic rupture is a rare but potentially lethal event. In this report, we present an unusual case of aortic isthmus pseudoaneurysm resulting from luetic infiltration of the aortic wall elements. Thoracic aorta false aneurysms are a surgical challenge; in view of the severe effect of any open thoracic surgical intervention, exact pre-operative diagnosis is crucial. We demonstrate a 62-year-old male patient who was accidentally diagnosed with a pseudoaneurysm of the atherosclerotic aortic isthmus, presented with irritative coughs, problems with swallowing and weight loss (Panel B). He had no major diseases in the past history, except a treated luetic event decades before. The pre-operative serum analysis also showed treponema-antibody positivity. The appearance of aortic isthmus pseudoaneurysm and the rupture area were clearly visualized with transoesophageal echocardiography, as well as by three-dimensional reconstruction of multislice computed tomography images (Panel C). The saccular false aneurysm originating from a mural defect at the site of an ulcerated atherosclerotic plaque in a diameter of 6 cm was resected through an anterolateral thoracotomy electively. The patient received a 9 mm heparin-bounded Gott’s shunt linking the ascending aorta with the descending part distal to the lesion; the aortic rupture (Panel A) was closed by an antibiotic-soaked Dacron patch. The intraoperative microbiological analysis revealed a pseudoaneurysm of the aorta with luetic origin. The patient had an uneventful post-operative course and the control computed tomography scan showed no evidence of recurrent aneurysm or vascular leakage after 6 months and 2 years.

Panel A: Intraoperative lateral view of the aortic isthmus; arrow indicates the intramural wall defect.
Panel B: Computed tomography image at level of false aneurysm; arrow marks the significantly compressed trachea.
Panel C: Posterior aspect of three-dimensionally reconstructed aorta; arrow points on pseudoaneurysm.

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