possible; unlike this case involving an active and growing left-sided lesion [3]. While this case demonstrated a successful outcome using a staged strategy, this may not have occurred if certain factors had changed (presence of the bacteremia, worsening heart failure, evidence of new emboli, or aneurysmal growth). With the involvement of several consultants, closely monitored progress, and a cautious well-planned surgical approach, a positive outcome was achieved for such a complex case.

References


eComment: Efficacy of endovascular aneurysm repair in Salmonella mycotic aneurysm

Authors: Chung-Dann Kan, National Cheng-Kung University Hospital, Tainan, Taiwan; Hsin-Ling Lee, Yu-Jen Yang
doi:10.1510/icvts.2009.205427A

Congratulations to Kumar and colleagues for the successful management of the case of simultaneous Salmonella spp. endocarditis and mycotic abdominal aneurysm by staged strategies [1].

Concomitant infected valvular and abdominal aortic pathologies, both requiring urgent surgical interventions, are an uncommon entity. How to obtain a good result for the patient is an important issue for both surgeons and patients. Aggressive surgical debridement and prompt antibiotics treatment, of course, are mandatory to improve surgical outcomes on both endocarditis and mycotic abdominal aneurysm. Although the role of endovascular aneurysm repair (EVAR) in these patients is uncertain, the predictors for persistent infection are ruptured aneurysm and fever at the time of operation [2]. Furthermore, extended debridement only clears the infected tissues; is this adequate or not for microorganisms? Clearance is still in doubt. So, when the prompt time for intervention is might be a more important issue.

Using pre-procedure antibiotics to create a good environment for subsequent procedures is important, if the patient’s conditions are suitable like this patient. However, we still encounter some patients who need emergent surgical situations when the mycotic aneurysm is ruptured. Can EVAR really be applied in such critical patients and is it durable for short or intermediate-term uses are debatable issues. We compared the traditional surgery and EVAR application results in mycotic abdominal aortic aneurysms, and found out the important predictors for mycotic aneurysm related mortality and morbidity are age, Salmonella spp., and leukocytosis, but not endovascular graft placement procedure [3]. EVAR procedure plus aggressive antibiotics might be an alternative strategy for mycotic abdominal aneurysms.

References

