











Outcome of Endovascular Treatment for Infected Aortic Aneurysm

Kwansuda Pachanit,

Worawong Slisatkorn, Khamin Chinsakchai, Kiattisak Hongku, Chanyapat Kaewsaengeak.

Siriraj Aortic Center, Department of Surgery,

Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

17 November 2023

Background

- Infected aortic aneurysm is a rare and life-threatening condition.
- Over the last decade, endovascular repair has become an accepted alternative treatment for high surgical risk patients.
- In Thailand, there is a notable lack of long-term follow-up data.













Objectives

Primary objective

• To evaluate the 5-year survival of patients with infected aortic aneurysms who were treated with endovascular repair

Secondary objectives

- To study complications and reintervention rate
- To study hospital mortality













Study design

- Retrospective study
- Single center, operated at Siriraj hospital, Bangkok, Thailand
- January 2010 December 2017

Inclusion

 Patients with infected aortic aneurysm underwent endovascular repair

Exclusion

- Presented with free rupture
- Intraoperative conversion to open surgery













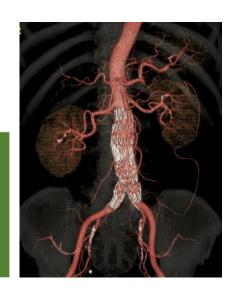
Study design



Endovascular treatment = 67

TEVAR = 10

EVAR = 57















Statistical analysis

- Continuous variables: Mean ± standard deviation or median (IQR)
- Categorical variables: frequency and percentages
- Cumulative survival: Kaplan-Meier method.
- Predictors of all-cause mortality: Cox regression
- Threshold for significance \rightarrow p < 0.05













Diagnosis

Clinical evidence of infection

- Fever
- Localized pain
- Leukocytosis
- Inflammatory markers elevation

Characteristic imaging

- Para-aortic soft tissue infiltration
- Adjacent accumulation of blood, fluid, or gas













Management

Broad-spectrum IV ATB

→Consult ID

→ATB to culture results

2-4 weeks ATB therapy

Respond to ATB

- Complete ATB treatment
- Elective endovascular treatment

Unstable

 Urgent or emergent endovascular treatment













Follow up imaging

• CTA at 1, 6, and 12 months, and yearly.









Patient's characteristics	N (%)
Mean age y (range)	69 (18-94)
Female	51 (76)
Underlying conditions	
Hypertension	45 (67)
Dyslipidemia	22 (33)
Diabetes mellitus	21 (31)
CKD (creatinine: > 2 mg/dL)	15 (22)
Ischemic heart disease	12 (18)
Smoking	11 (16)
COPD	7 (10)
CHF	5(7.5)













Clinical characteristics	N (%)	
Pre-operative manifestations		
CRP level		
5-100 mg/L	38 (57)	
> 100 mg/L	29 (43)	
WBC (> 10,000 /mL)	45 (67)	
Pain	53 (79)	
Fever	31 (46)	
GI bleeding	6 (9)	
Hemoptysis	1 (1.5)	
Prior ATB (> 48 h prior to OR)	38 (57)	
Prior Surgery	12(18)	













Clinical characteristics (cont.)	N (%)	
Pathogen		
Salmonella species	8 (12)	
Staphylococcus species	8 (12)	
Streptococcus species	7 (10)	
Culture negative	37 (55)	
Other	7 (10)	
Aneurysm location		
Descending	9 (13)	
Para-visceral	6 (9)	
Infrarenal	40 (60)	
Multiple	7 (10)	
Aneurysm characteristics		
Saccular	58 <mark>(86)</mark>	
Periaortic infection	4 (6)	
Fistula	4 (6)	



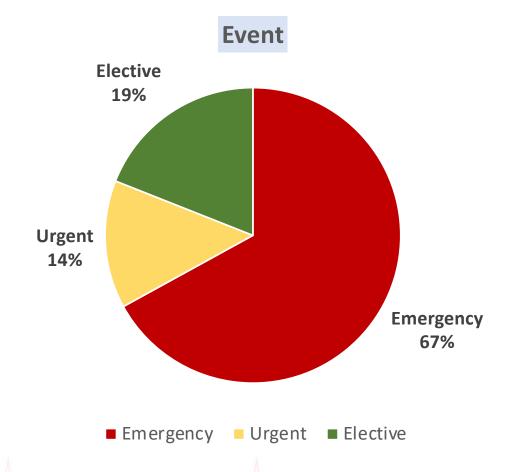
























Operative characteristics	N (%)		
Operation			
TEVAR	10 (15)		
EVAR	57 (85)		
Post-operative complications			
Respiratory	16 <mark>(24)</mark>		
Renal insufficiency	11 <mark>(16)</mark>		
GI complication	7 (10)		
Cardiovascular	4(6)		
CVA	3 (5)		
Limb ischemia	3 (5)		













Operative characteristics (cont.)	N (%)
Persistent infection	44 (66)
Blood stream/ recurrent infection	30 (45)
Aortic Endograft Infection (AEI)	14 (21)
Reintervention cause	20 (30)
Aorto-enteric fistula	6 (9)
Graft infection	4 (6)
New/residual infected aortic aneurysm	4 (6)
Limb ischemia	3 (5)
Endoleak	3 (5)
Reintervention procedure	20 (30)
Open	12 (18)
Endovascular	8 (12)







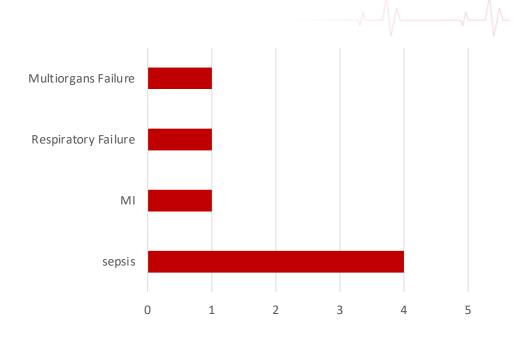






In-hospital mortality

7 (10%)



Median follow-up

29 months (5 days - 142 months)













Complications	Total n =67	TEVAR n= 10	EVAR n=57
	N (%)	N (%)	N (%)
Graft infection	11 (16)	1 (10)	10 (17)
Reintervention	20 (30)	4 (40)	16 (28)
Open	12 (18)	2 (20)	10 (17)
Endovascular	8 (12)	2 (20)	6 (11)
Death	18 (27)	3 (30)	16 (28)













Long-term mortality

Factors	HR (95%CI)	p-value
Demographic and clinical characteristics		
Female	1.66 (0.40-6.86)	0.485
Age > 75	3.25 (0.95-11.2)	0.061
CHF	0.43 (0.04-4.50)	0.876
CKD	0.43 (0.04-4.50)	0.482
Pre-operative manifestations		
Fever	0.37 (0.09-1.51)	0.165
Complications		
Cardiovascular	1.33 (0.18-9.95)	0.782
Respiratory	5.02 (0.51-49.5)	0.167
Limb ischemia	2.91 (0.15-55.2)	0.477
Persistent infection	5.56 (1.11-27.9)	0.037









Persistent infection

Factors	HR (95%Cl)	p-value
Preoperative manifestation		
CRP>100	1.65(0.47-5.85)	0.435
Prior ATB	0.56(0.15-2.17)	0.403
Event		
Elective surgery	1.66(0.33-8.49)	0.542
Emergency surgery	0.90(0.19-4.25)	0.898
Hemoculture positive	3.59(0.95-13.6)	0.059
Aneurysm characteristics		
Periaortic infection	1.68(0.13-22.1)	0.694
Fistula	3.02(0.25-35.9)	0.381
Reintervention	2.38(0.52-10.8)	0.261





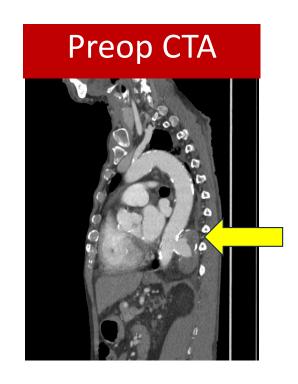


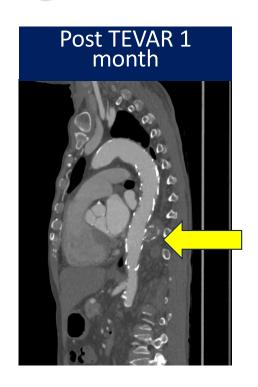






Case I: Descending thoracic aortic aneurysm













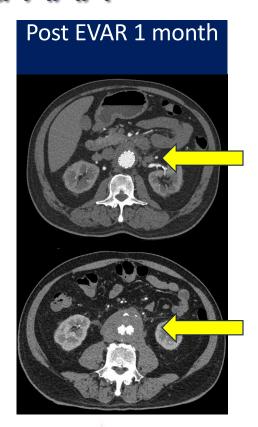


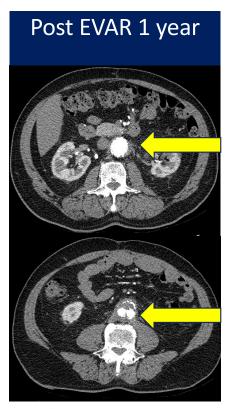




Case II: Infected AAA











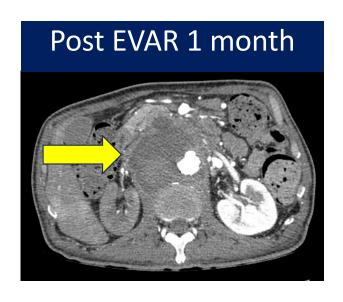


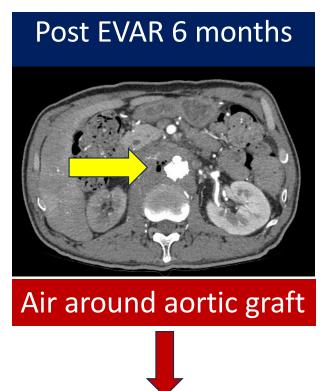






Case III: Infected AAA









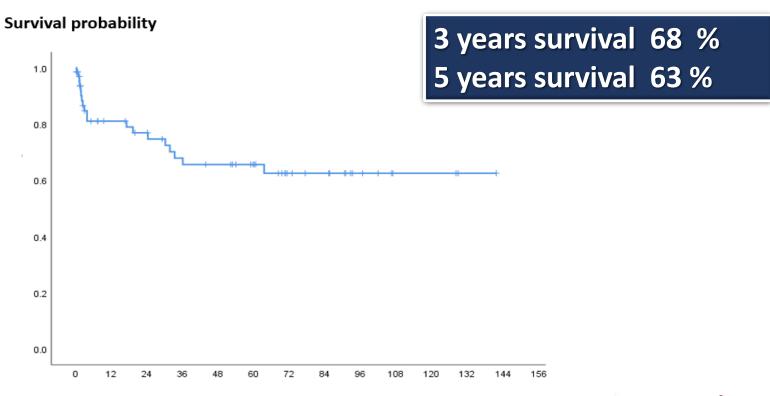








Long-term survival



Time (months)













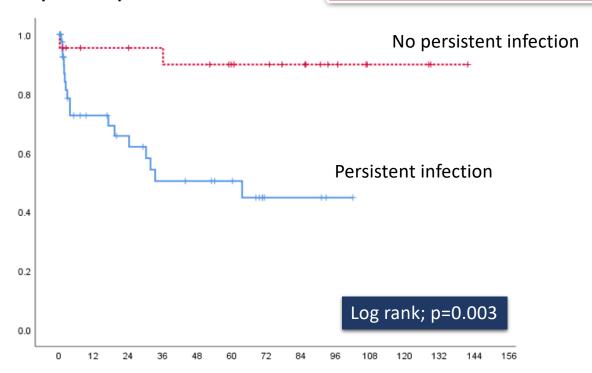
Long-term survival

At 5 years

No infection; survival 90 %

Persistent infection; survival 45 %

Survival probability

















Limitations

- Retrospective nature
- The limited number of patients
- The single-center design













Conclusion

- Endovascular repair for infected aortic aneurysm is a feasible treatment with acceptable perioperative mortality.
- Long-term survival is significantly impacted by persistent infection.
- Reinterventions are frequently required, often involving open repair.











