



Application of Neoaortoiliac  
system for Mycotic Infraarenal  
Aortic Aneurysm  
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# Disclosures

- None

# HPI

61-year-old male who presented to an outside facility with streptococcal pneumoniae meningitis and bacteremia. Of note he had history of COVID-19 pneumonia a month prior.

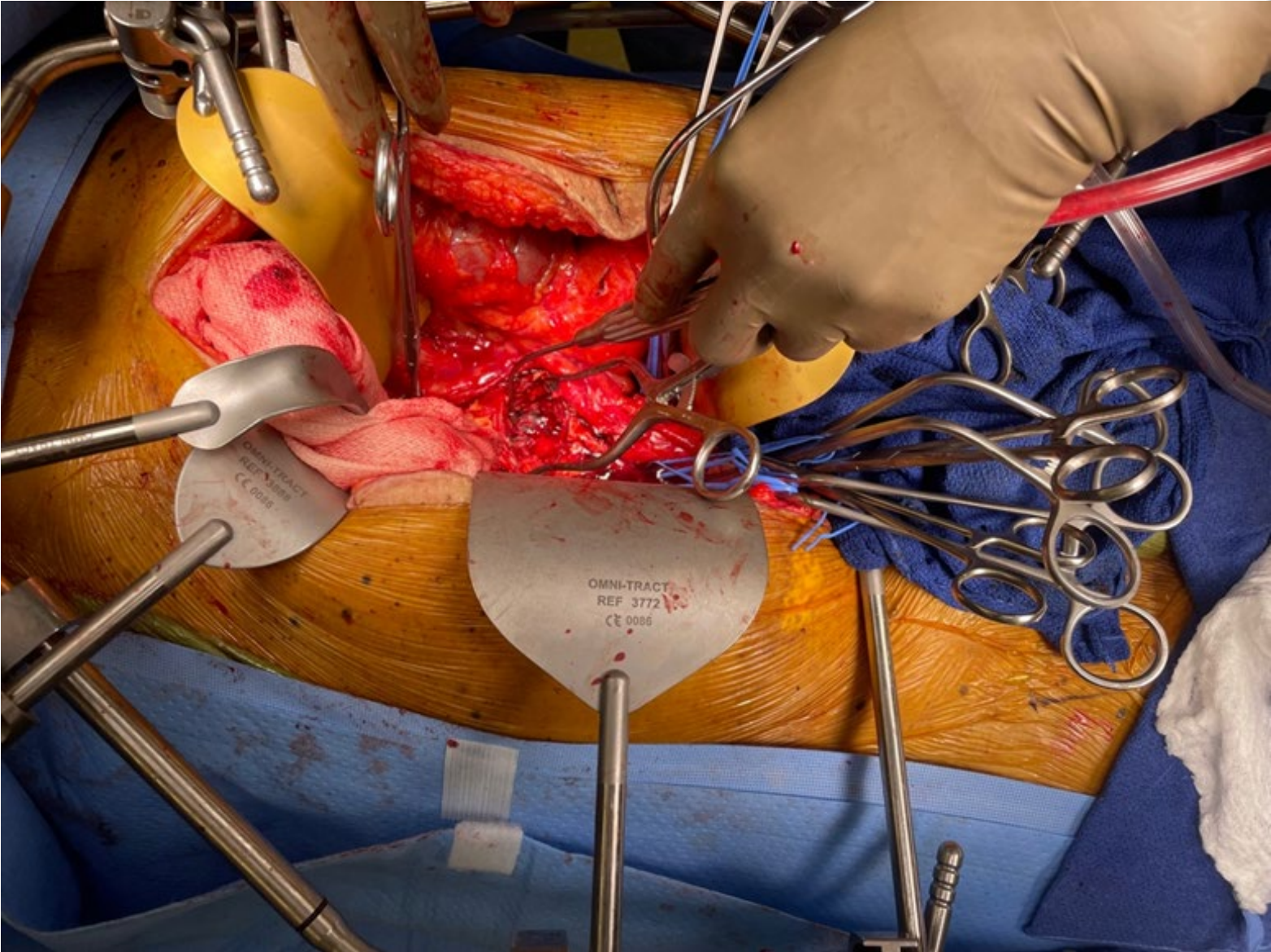
- Hospital day 15, he reported sudden onset lower back pain prompting imaging which demonstrated a contained rupture of an infrarenal aortic aneurysm that had significantly evolved in comparison to admission imaging where his infrarenal aorta had a largest dimension measuring 2.9cm.







# Intra-Operative



# Post-operative Course

- Hematochezia on post-op day 2 prompted a bedside flex sig which demonstrated ischemic sloughing of the descending colon near previous anastomosis
- Ultimately required a Hartman procedure
- Extubated on post-op day 12
- Coded on post-op day 20, suspected aspiration event

# Discussion

- Mycotic aortic aneurysms constitute 1-1.8% of aortic aneurysms.
- NAIS is resistant to infection and aneurysmal dilation, however is time consuming with a mean completion time of 8 hours.
- Dorweiler et al. demonstrated that reconstruction with femoral vein in infected aortoiliiofemoral fields has a mortality of 9-10%.



# References

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- Dorweiler B, Neufang A, Chaban R, Reinstadler J, Duenschede F, Vahl CF. Use and durability of femoral vein for autologous reconstruction with infection of the aortoiliofemoral axis. *J Vasc Surg*. Mar 2014;59(3):675-83. doi:10.1016/j.jvs.2013.09.029
- Clagett GP, Bowers BL, Lopez-Viego MA, et al. Creation of a neo-aortoiliac system from lower extremity deep and superficial veins. *Ann Surg*. Sep 1993;218(3):239-48; discussion 248-9. doi:10.1097/00000658-199309000-00003