

TUBERCULOUS AORTIC ANEURYSM - A COMPLEX ENDOVASCULAR APPROACH -

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Introduction

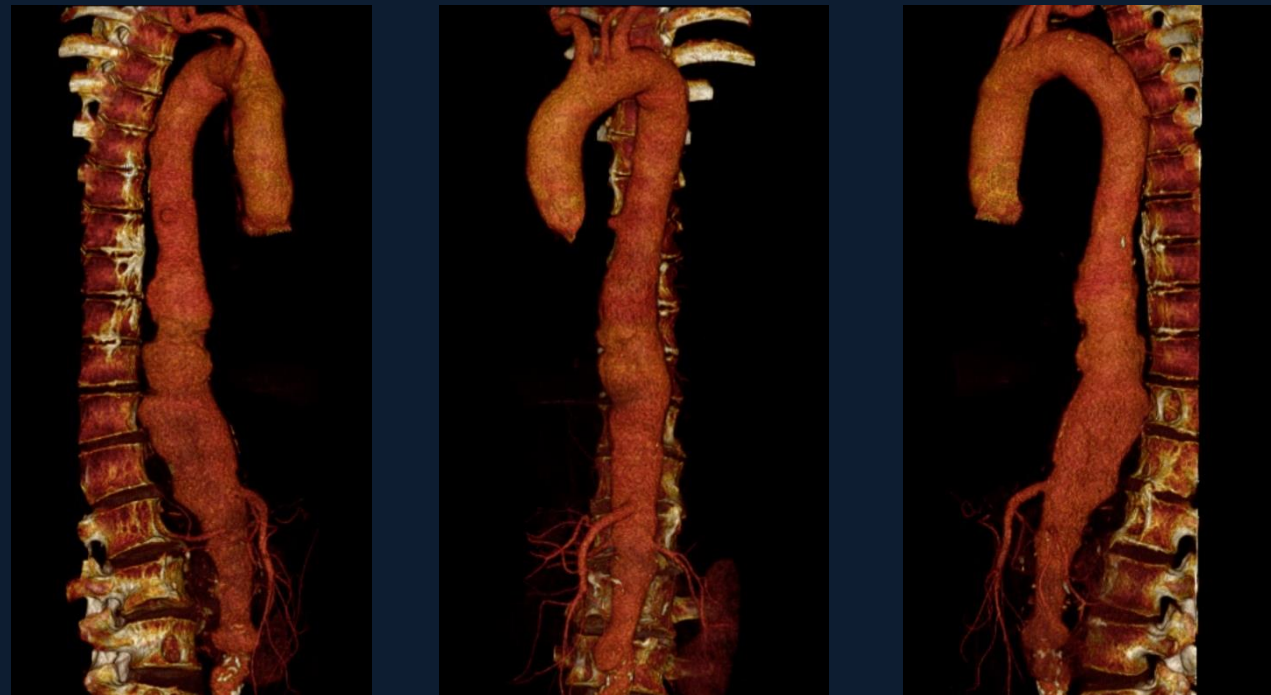
Mycobacterium tuberculosis is a rare cause of mycotic aneurysms. This is a potentially fatal complication of tuberculosis if left untreated. Thoracic aorta is the most common location. The classic treatment is open repair with surgical debridement in combination with tuberculostatic therapy. Endovascular approach is now well-established for treatment of degenerative aneurysms, and the use in infected fields is emerging.

Case Report

69-year-old male patient
Incidental finding of a **thoraco-abdominal aortic aneurysm**, in the course of etiological investigation of a **vertebral mass**.
Presentation: **fever** and **weight loss** (10% of body weight).
Past history: upper left lobectomy (due to **pulmonary tuberculosis**).

Initial angioCT scan

Focal dilatation of descending thoracic aorta (38mm) and abdominal aorta (48mm celiac trunk, 43mm infra-renal), occlusion of the celiac trunk, inflammatory densification around the aorta.

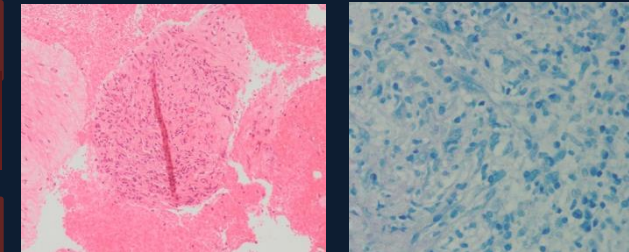


Laboratory

Blood cultures and serologies: negative.

CT Guided Biopsy of Vertebral Mass

Pathology: granulomatous inflammation, compatible with tuberculous infection.

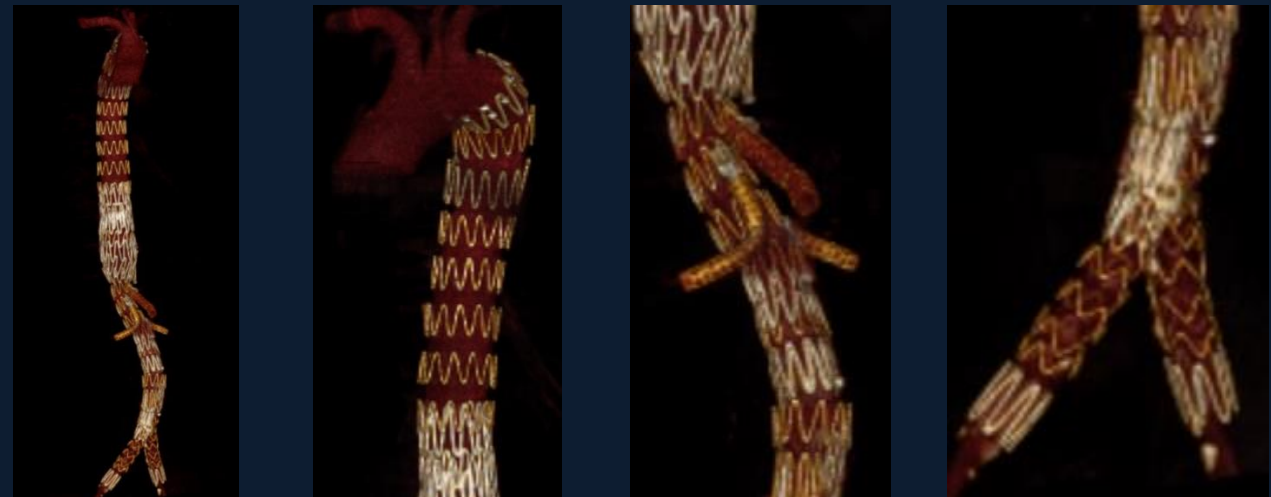


Technique

Fenestrated endovascular aneurysm repair.
Custom-made main body was implanted at the thoracic aorta followed by the abdominal aortic fenestrated main body component; SMA and renal arteries were selectively catheterized and stent extensions were placed.

Follow-up

At 16 months, under antimycobacterial medical therapy, the patient improved his general status and is asymptomatic.



Conclusion

Despite concerns over graft infection over time, endovascular repair is a valid alternative for tuberculosis aneurysms. Long-term antimycobacterial therapy and close vigilance are mandatory, due to the risk of recurrence.