





Symposium with international participation "HIGHLIGHTS IN CARDIOVASCULAR DISEASES"

ABSTRACT BOOK



04-06 November 2022, h. DoubleTree by Hilton, Skopje, North Macedonia

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MYCOTIC AORTIC ANEURYSM AND ENDOCARDITIS

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Introduction

Mycotic aneurysm of the aorta is an aortic aneurysm caused by infection. This rare syndrome is predominantly seen in male patients over age 65. The term mycotic suggests fungal etiology but it can be also bacterial origin. Despite the discovery of both bacterial and fungal causes the term mycotic has remained. A majority of the initial reported MAA cases were associated with endocarditis. The classic triad of fever, abdominal pain and pulsatile mass is a rare finding in these patients. Mortality ranges are between 15% - 75%.

Case report 67 y.o. patient, with strong chest pain, fatigue, fever and dyspnea was admitted in hospital. The symptoms started 1 month ago and the patient had already done CT of aorta with finding of aortic aneurism of the descending part of thoracic aorta with 122mm in diameter and mycotic inflammation. The patient is a smoker with previous PCI:PTCA/Stenting Rms et LAD. Laboratory analysis revealed high level of CRP- 98.7...104.18mg/L. Echocardiography was performed and showed bicuspid aortic valve with threaded vegetations. Infectologist was consulted and hemoculture was taken with MRSA positive. Dual antibiotic therapy was given till negative hemoculture. Cardiac surgent was consulted for further treatment and surgical intervention was indicated. Conclusion The diagnosis of MAA requires high index of suspicion and recognition. There are not specific laboratory findings that are highly suggestive of the diagnosis, however high leukocytosis and CRP have been noted abnormal. It is also important to obtain blood cultures as they are positive in 50-90% of the cases. Imaging is the key to establishing diagnosis. Treatment generally involves multidisciplinary team of infectologist, cardiothoracic surgery and vascular surgery.

Key words mycotic aortic aneurysm, cardiac surgery, endocarditis