



Complex Clinical Cases

TREATMENT OF RUPTURED MYCOTIC AORTIC ANEURYSM DUE TO STREPTOCOCCUS PNEUMONIAE: WALKING ON EGGHELLS

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Background: Mycotic aortic aneurysm (MAA) is rare, it has poor prognosis and high risk of rupture. Streptococcus pneumoniae is an uncommon. Endovascular aneurysm repair (EVAR) is alternative to open surgical repair, with promising outcomes.

Case: 54-year-old male with a history of juvenile Paracoccidioidomycosis and arterial hypertension was admitted with fever, back pain and adynamia. Laboratory tests revealed elevated C-reactive protein, leukocytosis, anemia and positive blood cultures for S.pneumoniae. Mediastinal widening on x-ray. Computed tomography angiography (CTA) showed saccular descending thoracic aorta aneurysm with periaortic thickening.

Decision-making: Antibiotic Ceftriaxone was initiate. While discussing the best timing for EVAR, he presented ruptured aneurysm, requiring urgent EVAR. The procedure had no complications, and the patient completed the 42 days of intravenous antibiotic treatment hospitalized and was discharged with oral antibiotic for undetermined time (at least 1 year).

Conclusion: Being a rare condition with a high mortality rate, the MAA acute management is still not a consensus. While most authors advocate an urgent aortic repair (open surgery or EVAR) others recommend maintaining the antibiotic therapy up to 6 weeks before the repair. There is not enough randomized clinical trials to guide the best therapeutic plan. It is essential a multidisciplinary team of cardiologists, surgeons and infectious disease specialists for management for each patient.

