Ascending aortic pseudoaneurysm following aortic valve replacement and sternal wound infection

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Disclosure

Speaker name: Jeffrey Slaiby

I have the following potential conflicts of interest to report:

Consulting

☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

I do not have any potential conflict of interest

☐ ☐
Ascending Aortic Pseudoaneurysm

73 y.o. male, know significant aortic valve stenosis
Hypertension
History heart failure
Asthma
Hyperlipidemia
Ascending Aortic Pseudoaneurysm

Syncope during exercise
Repeat cardiac echo demonstrated preserved heart function, severe AS
Aortic valve area 0.8 cm²
Mean gradient 59 mmHg
Cardiac catheterization revealed minimal coronary artery disease with 40% LAD lesion
Ascending Aortic Pseudoaneurysm

Underwent uneventful aortic valve replacement with # 23 Magra bovine pericardial valve
Valve was trileaflet noted to be heavily calcified
Perioperative antibiotics provided
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Postoperatively developed transient atrial fibrillation

Noted slight sternal wound erythema and drainage on postoperative day #8

Vancomycin for seven days, no fever or chills

Discharged to rehabilitation and eventually home
Ascending Aortic Pseudoaneurysm

Three months later spiking fevers 38.9°C
Erythema and drainage from sternal wound
Cultures Morganella morganii
Initiated Vancomycin and Zosyn
Blood cultures obtained, no growth
CT angiogram of the chest was obtained with aortic pseudoaneurysm
Ascending Aortic Pseudoaneurysm

Suspected mycotic pseudoaneurysm likely site of aortic cannulation

Patient refused open surgical intervention

Endovascular options discussed and patient agreed understanding that could be temporizing only
Ascending Aortic Pseudoaneurysm

Follow-up CT demonstrated persistent flow within aortic pseudoaneurysm
Patient still refused open surgical intervention
Cardiac Echo demonstrated normal aortic valvular function no vegetation
No fever or constitutional symptoms
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Has remained afebrile

Completed six week course

Ceftaroline 400mg IV BID

Chronic suppressive antibiotic treatment with

Bactrim and levofloxacin
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