Management of T- Branch infection

P. Rodríguez, O. Roset, A. Brilllas, A. Presas, A. Corominas, O. Andrés
Vascular Surgery Department
Dr. Josep Trueta University Hospital
Girona
Disclosure

Speaker name:
Patricia Rodríguez

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
Introduction

- Zenith® t-Branch: off-the-shelf stent graft specifically designed for the treatment of patients with thoracoabdominal aneurysms.

- Immediate option for acute treatment.
NOVEMBER 2016

- 61–years-old male
- Current smoker
- HTA
- DLP
- ER: abdominal pain
240 min

General anaesthesia

Percutaneous access (femoral bilateral + left axillary artery)

7 BeGrafts + 2 Zilver Flex

Uneventful postop

Dicharged 5 days postsurgery
JANUARY 2017 (1 month follow-up)
JUNE 2017 (6 months follow-up)
APRIL 2018 (17 months postIQ)

- ER: abdominal pain + poor general condition + fever.
- Labtest:
  - 10360 leukocytes / mm3
  - CRP 40.41 mg/dL
  - Orine test negative
APRIL 2018 (17 months postIQ)

Torax X-Ray
APRIL 2018 (17 months postIQ)

Abd X-Ray

Abd US
WBC scan
• CT guided drainage??
• Conservative management
• Broad-spectrum iv ATB
• Emergent surgery
• Exploratory laparotomy
• Drainage of collections and aneurysmal sac
• Exposition of the graft
EVOLUTION

• ICU for 1 month:
  – Intestinal pseudo-obstruction \( \rightarrow \) conservative management

Blood cultures + aneurysmal sac and periaortic collection samples: **E. COLI**
3 MONTHS CT CONTROL
6 MONTHS
CONCLUSIONS

- We have not found any case of late infection of T-Branch in the literature.
- Conservative management seems a feasible option given the high difficulty of graft’s explantation.
THANKS FOR YOUR ATTENTION
Management of T- Branch infection

P. Rodríguez, O. Roset, A. Brillias, A. Presas, A. Corominas, O. Andrés

Vascular Surgery Department

Dr. Josep Trueta University Hospital

Girona