Type 3B Endoleak following TEVAR for Mycotic Aneurysm

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Introduction

Mycotic aortic aneurysm is a rare and life threatening disease. While surgery is the gold standard, TEVAR is reasonable in patients with comorbidities. Although endoleaks are commonly encountered after TEVAR, type 3B endoleaks are rare. We describe an unusual case of type 3B endoleak that occurred 3 months after the procedure.

Material, Methods

Due to significant comorbidities, TEVAR was chosen over surgical treatment. Valiant Captiva 28x117 mm stent-graft (Medtronic) was placed 23 mm above origin of celiac artery, followed by a course of IV antibiotics. Angiography and CTA one month later demonstrated shrinkage of aneurysmal sac without evidence of endoleak. Follow-up CTA at 3 months showed signs of endoleak with significant enlargement of aneurysmal sac to 8 cm diameter. Because the CTA did not permit differentiation between type 2 vs. 3 endoleaks, diagnostic angiography was performed that confirmed the presence of type 3B endoleak. Endovascular treatment by realignment with another Valiant Captiva 28x117 mm stent-graft was successfully accomplished.

Material, Methods (cont’d.)

Results

Five months after treatment, the patient is doing well while on continuous antibiotic therapy.

Conclusions

Although rare and unpredictable, type 3B endoleak can occur in a relatively short time following treatment with TEVAR for a mycotic aneurysm. Possible etiology might be structural failure related to the infectious process.