

VERTEBRAL OSTEOMYELITIS, A COMPLICATION OF INFECTED EVAR

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Introduction: Minimally invasive procedure, the endovascular aneurysm repair (EVAR) has been an established method of treating abdominal aortic aneurysms (AAA). Even though the reported incidence of EVAR infection is low (range, 0.2-0.7%)¹, it represents a very devastating complication with an estimated mortality ranging from 27.4% to 36.4%¹. We present a case of infected EVAR graft complicated with vertebral osteomyelitis that was treated conservatively

Discussion: A 60-year-old male, with underlying 3 vessel disease, mitral regurgitation, and rheumatoid arthritis, underwent elective EVAR for an infrarenal AAA. He was discharged well following an uneventful surgery. A surveillance CTA was conducted 3 years later showing features of infected endovascular graft complicated with left paravertebral soft tissue abscess formation and L4 vertebral osteomyelitis. The patient has no complaint of back pain and physical examination reveals no significant findings. His initial CRP is 57 and ESR > 120. He is managed conservatively with a 1-week of intravenous ceftazidime and was discharged with six weeks of oral antibiotics - rifampicin and fusidic acid. After 1 week of antibiotics, his CRP reduces to 30 and ESR to 91. At 2 months of follow-up, the CRP decreases significantly to 8.7 while ESR is 87.

Conclusion: Infected EVAR graft complicated with vertebral osteomyelitis is a rare complication. Sources of infection may include perioperative contamination, hematogenous spread from a distant site and mechanical erosion of the endograft. We can conclude that long-term antibiotic therapy has shown to be efficient and may be the only treatment option in this case given patient underlying and comorbidities.