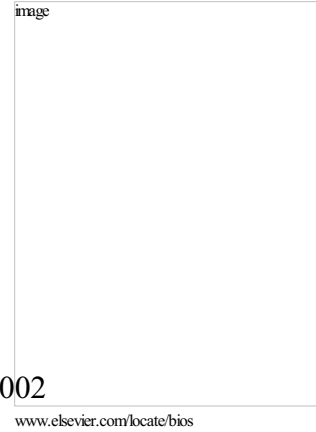


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Seminars in Vascular Surgery

Issue: Current Management of Infected Aortic Pathology – Part B

Guest Editor: Ramesh Tripathi MD

Introduction – Management of Infected Aortic Pathology

As early as 1885, Osler described infected aneurysms and coined the term mycotic aneurysm. At that time, the infective organism was little known but we now know almost any microorganism produce infected aortic pathology. With the development of major vascular surgery, aortic graft infections became more recognised for their mortality and catastrophic complications. As post mortem tissue and implant became available for study, the true cause of infected aortic and implant pathology emerged. Leading up to early 2000s, our knowledge of aortic infections has been enriched by contributions from Henry Ford Hospital, Detroit, USA (Szilagyi, Reddy DJ) (1,2), Leicester Royal Infirmary, UK (PRF Bell) (3) and the Mayo group (Cherry K, Bower T, Panneton J) (4). Our generation has seen an increase in the incidence of aortic infections due to increased use of endovascular interventions especially for abdominal and thoracic aneurysms, intra-arterial reinterventions through these endografts and drug addiction.

The incidence of aortic infection is low but carries significant risk of morbidity and mortality in the form of sepsis, limb loss and death. Mortality reaches 100% within 2 years in cases where an infected aortic graft remains in situ. Ideally, all measures should be taken to reduce the risk of graft infection, but infective complications will still occur, particularly in the elderly, immunocompromised, obese patients and those undergoing revision surgery.

This two-part Issue of Seminars in Vascular Surgery brings together contemporary experts in the management of infected aortic pathology. We begin with an understanding of pathology of graft and endograft infections from evaluation of explanted graft materials from Strasbourg, France by Professor Chafke et al. Professor Sakalihasan from Liege, Belgium gives us an insight into the current role of FDG – PET/CT as modern imaging modalities for infected aortic pathology.

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