

# MYCOTIC PSEUDOANEURYSM OF THE AORTIC ARCH

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A 59 year-old male presents with fever and left parasternal pain. Past medical history included arterial hypertension, dyslipidemia, smoking, obesity. His clinical exam was unremarkable. Both C-reactive protein and leucocytes were elevated. Chest computed tomography (CT) demonstrated a 18mm saccular pseudoaneurysm of the aortic arch with extensive adjacent densification and adenopathy (Figure 1 and 2). Methicillin-sensible *Staphylococcus aureus* was isolated from blood cultures. A transesophageal echocardiogram excluded

endocarditis. Control Angio-CT after seven days showed a contained rupture and increase in diameter of the pseudoaneurysm. He underwent emergent surgery with circulatory arrest and antegrade cerebral perfusion; extensive resection of the pseudoaneurysmal aorta was performed, with reconstruction of the aortic arch using autologous pericardium, without implantation of foreign or synthetic material (Figure 3 and 4). He completed 4 weeks of Flucloxacillin IV, having been discharged under oral antibiotics.

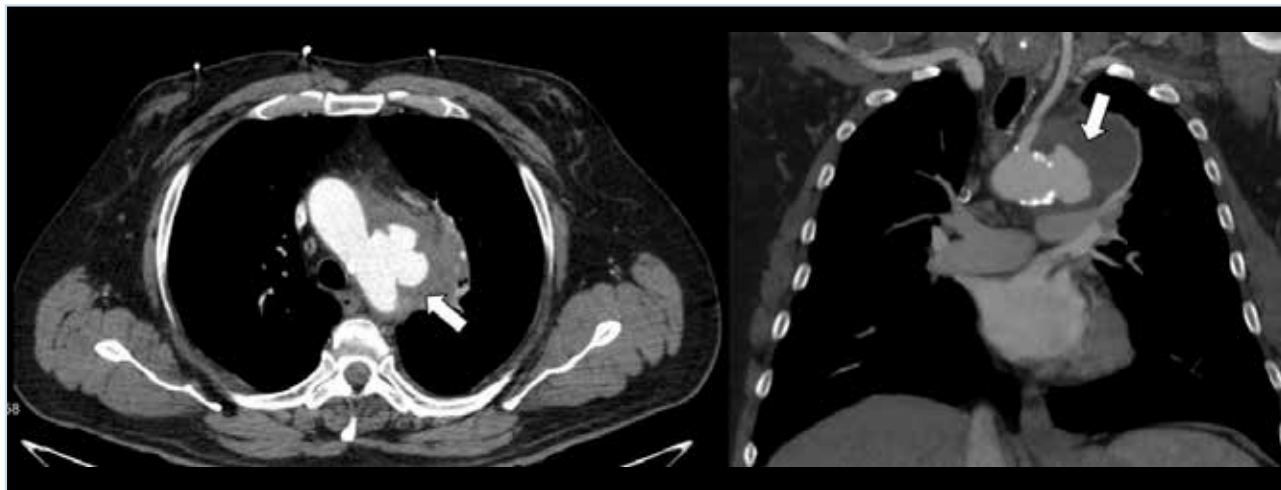
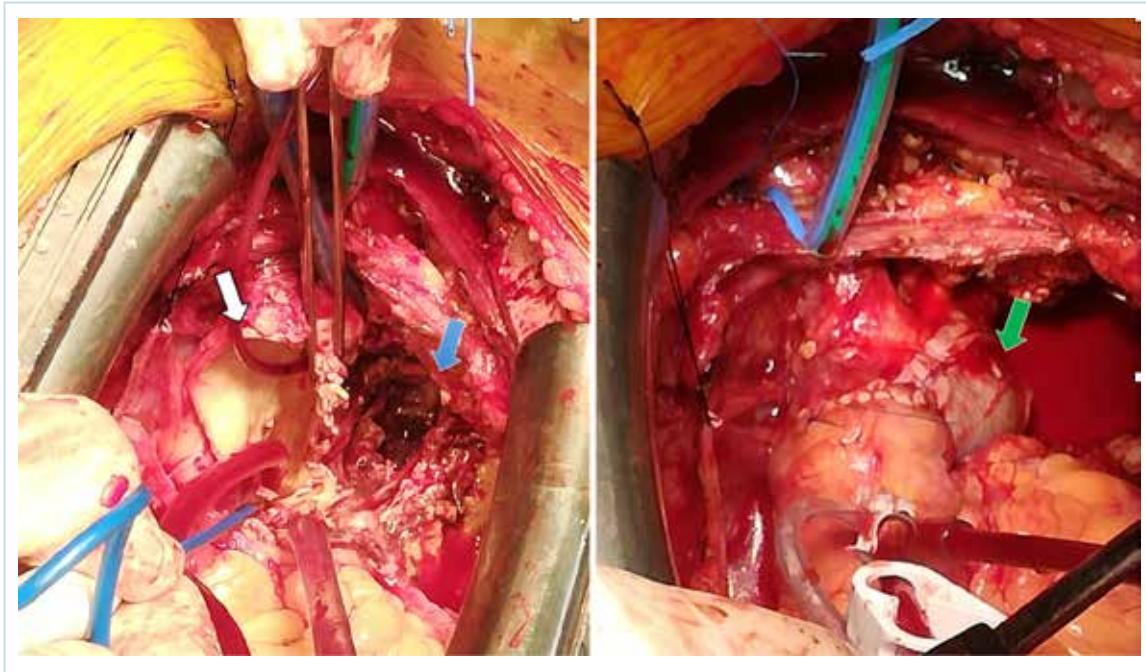


Figure 1

Figure 1 and 2. Contained rupture of saccular arch pseudoaneurysm (white arrow) on the left side of the aortic arch with extensive adjacent densification.



**Figure 2**

*Figure 3 and 4 – Surgical Repair: White Arrow – Native aortic arch. Blue Arrow - Collection/Abscess infected with clots suggestive of contained rupture. Orifice of the descending thoracic aorta. Green Arrow: After repair of the distal arch and anterolateral arch wall with an autologous pericardium patch.*