Mycotic Aneurysm of the Abdominal Aorta Due to 
Streptococcus bovis Infection

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We present a 67-year-old man who was admitted urgently with a mycotic aneurysm of the infra-renal abdominal aorta which lead to a subsequent diagnosis of a dysplastic colonic adenoma.

The aneurysm was successfully repaired with a bifurcated Dacron graft. Streptococcus bovis was grown from pre-operative blood cultures and aortic tissue cultures. Eighteen months previously, the patient had undergone a curative resection of a gastric adenocarcinoma with adjuvant chemotherapy. There was no evidence of an abdominal aortic aneurysm at that time nor on computed tomography scanning 9 months post-gastrectomy. We, therefore, postulate that chemotherapy rendered the patient susceptible to a S. bovis bacteraemia, which in turn caused development of a mycotic aneurysm, as opposed to merely colonising a pre-existing aneurysm. As there is a known association between S. bovis and gastrointestinal disease, the patient underwent a colonoscopy, which demonstrated a pedunculated lesion of the descending colon. Histological examination revealed a severely dysplastic villous adenoma.

Available online 10 August 2005

Ruptured Aneurysm Caused by an Endoleak 29 Months After Transluminal Endovascular Grafting for a Dissecting Aortic Aneurysm

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Purpose. To report a case of ruptured aneurysm caused by an endoleak 29 months after transluminal endovascular grafting (TEG) for a dissecting aortic aneurysm.

Case report. We performed TEG with the use of a stent graft in a patient with a DeBakey type III chronic aortic dissection. The primary entry in the descending thoracic aorta was successfully sealed, and the false lumen was thrombosed. However, a new endoleak developed in the false lumen of the proximal portion of the stent graft 29 months after TEG. The aneurysm ruptured at the site; the patient underwent urgent surgery and survived.

Conclusion. The endoleak may have been caused by inefficient radial force of the stent graft. Further investigation is needed to evaluate the structures and shapes of stent grafts providing suitable radial force for placement in the true lumen of the aorta, the diameter of which changes after stent-graft placement.

Available online 10 August 2005

Iatrogenic Arteriovenous Fistula between the Common Carotid Artery and Internal Jugular Vein: A Case Report

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Arteriovenous fistula is a rare complication of internal jugular vein catheterization. Few cases have been reported in the literature. This communications result from trauma or medical intervention, most frequently a central venous puncture for hemodynamic monitoring or for parenteral nutrition.

We describe a case of a common carotid artery-jugular vein arteriovenous fistula following the insertion of a double-lumen catheter for hemodialysis access. We feel that this complication early should be detected and treated as soon as possible.

Eur J Vasc Endovasc Surg Vol 30, 11 2005