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Mycotic innominate artery pseudoaneurysm complicating a mitral endocarditis

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mycotic innominate artery pseudoaneurysm

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We report a rare case of a 59 years old man with a fast-growing mycotic innominate artery pseudoaneurysm complicating a mitral endocarditis. Patient was admitted in our hospital for a paresy of the right upper limb associated with fever for several days. Cerebral CT-scan and MRI showed multiple septic emboli in the two cerebral hemispheres without evidence of aneurysm of the innominate artery at MR angiography at this time. A methicillin-susceptible staphylococcus aureus mitral endocarditis was diagnosed and patient was treated with intravenous flucloxacillin and oral rifampin for 6 weeks with a resolution of the endocarditis at transesophageal echocardiography. Because of suspected stenosis of the left common carotid artery (CCA), an ultrasound of the supraaortic trunks was performed 6 weeks after the admission. This exam confirmed a severe stenosis at the origin of the left CCA but also demonstrated a pseudoaneurysm of the innominate artery with a maximum transverse diameter of 45 mm, confirmed by angio MR (Fig 1) and angio CT (Fig 2). A surgical resection of this mycotic pseudoaneurysm associated with a debranching of the left CCA and the distal part of the innominate artery was performed under cardiopulmonary by-pass through a median sternotomy prolonged into right lower cervicotomy (Fig 3). The pseudoaneuvrysm was resected and its neck on the aortic arch was closed through a running suture after lateral clamping of the aorta. The arterial continuity was restored by using cryopreserved arterial homograft according to a Y-graft technique. The proximal anastomosis was realized on the ascending aorta. The postoperative course was uneventful and the angio-CT at 3 months showed a good patency of the grafts and the absence of recurrent infection.