

# Superior Mesenteric Mycotic Aneurysm: A Rare Complication of Bacterial Endocarditis

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## INTRODUCTION

- Mycotic aneurysms are an uncommon post-operative complication with a high mortality rate
- Account for 1-3% of all arterial aneurysms<sup>4</sup>
- More commonly found in IVDU patients



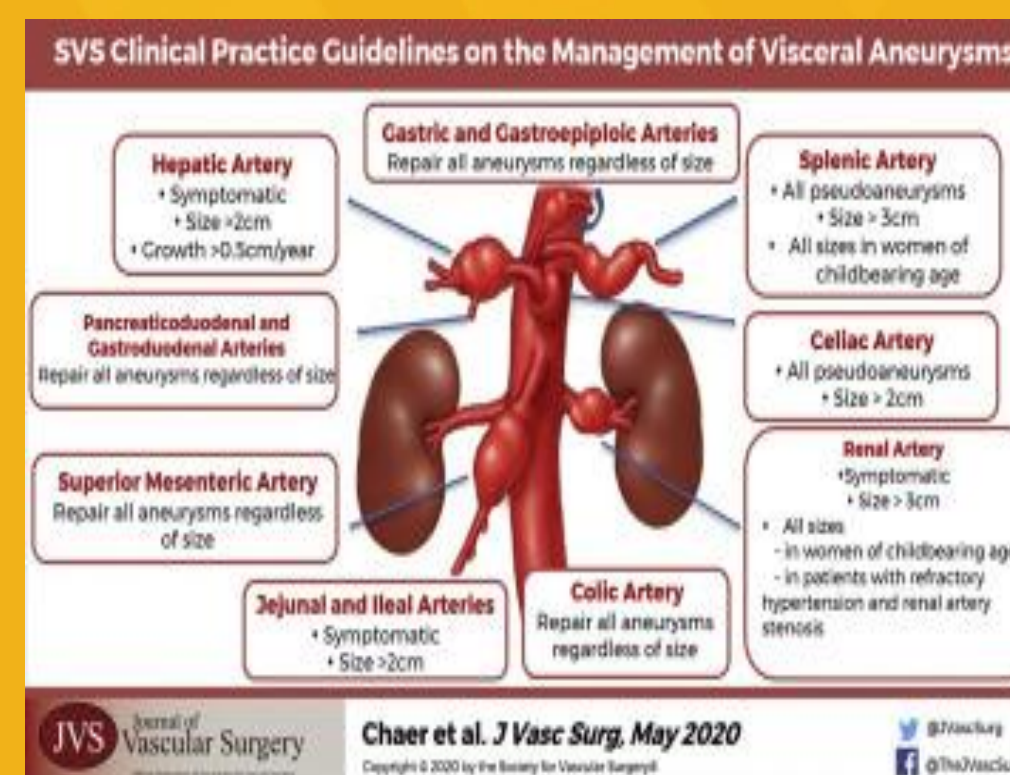
- Mycotic aneurysms develop in relation to:
  - Direct Bacterial Infection
  - Bacteremia
  - Contiguous Infection
  - Septic Emboli
- Management Strategies:
  - Non-rupture (Antibiotics)
  - Rupture (Surgical intervention and antibiotics)<sup>1,2</sup>

## DESCRIPTION OF THE CASE

- 32 y.o. white male
  - No PMH
  - Social History: Smoker, Marijuana use, Social drinker, Denies IVDU
- 2-week history of fever, night sweats, & 40-pound weight loss
- Diagnosed with *MRSA* endocarditis
- TEE:
  - Severe Tricuspid regurgitation with mobile vegetation & moderate Mitral regurgitation
- Surgical Course:
  - TV repair & MV repair, Drainage of B/L Pleural Effusions
- POD 7 Cardiac Arrest
  - Acute abdomen
  - Hemorrhagic shock
  - CTA revealed: ruptured mycotic aneurysm of SMA
  - Exploratory laparotomy surgical intervention
- Patient survived after extensive, complicated hospital course

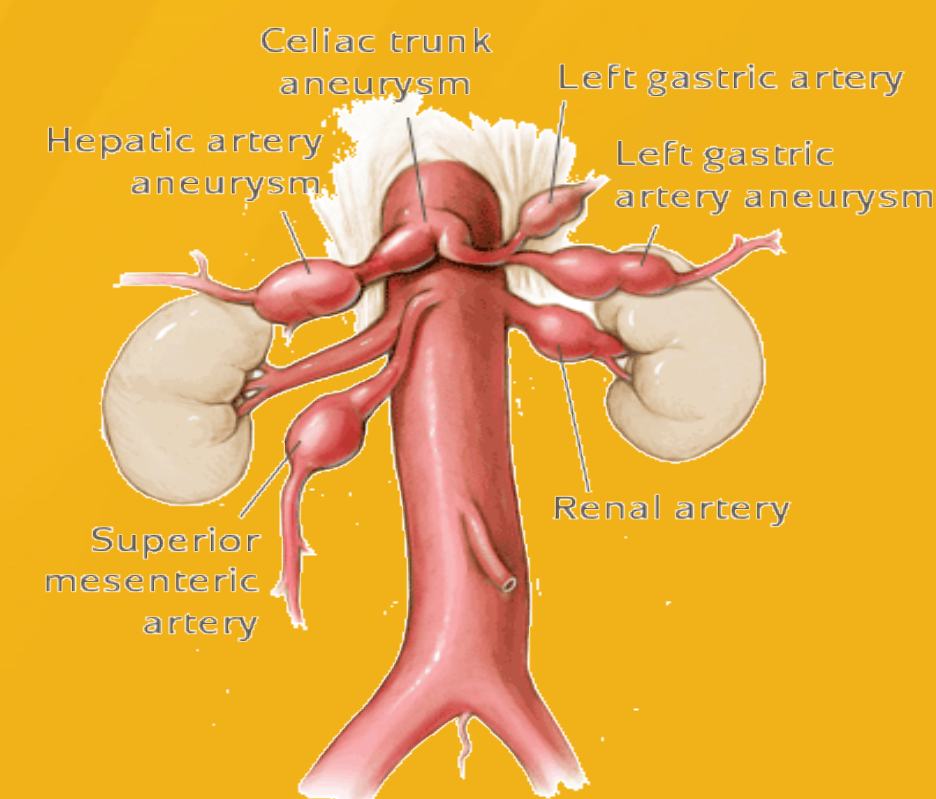
## LITERATURE REVIEW

- Superior mesenteric aneurysms:
  - 3.2% of the visceral artery aneurysm incidences
- Most prevalent microorganisms:
  - *Streptococcus* (47%)
  - *Staphylococcus* (28%)<sup>3</sup>
- Risk factors:
  - Males (73%)
  - Median age 36
  - Immunosuppression
  - IVDU<sup>3</sup>
- CTA Gold Standard for diagnosis<sup>3,4</sup>



## CONCLUSIONS

- Mycotic Aneurysms are rare, but life-threatening potential complication of infective endocarditis
- Requires aggressive management with surgical or endovascular repair, along with appropriate antibiotics
- Familiarity with imaging of infected aneurysms is essential for adequate care



## REFERENCES:

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