RESULTS OF ANTIBIOTIC TREATMENT OF AORTIC ENDOPROSTHESIS INFECTIONS IN PATIENTS NOT CANDIDATES FOR SURGERY

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Background and importance

Aortic endoprosthesis infection (AIE) complicate 0.6-3% of these interventions, with surgery being the standard treatment. When surgery is not possible, conservative treatment is a necessity despite the lack of evidence. In this series, clinical data of the patients and survival are provided.

Aim and objectives

To know the etiology of EIA, the antibiotic treatments received and the mortality results of these patients who are candidates for conservative treatment.

Material and methods

Retrospective study of patients admitted for AIE with conservative treatment in our hospital, from January 2014 to July 2023. Clinical (Charlson index, time of first symptom, symptoms, antibiotic type and response, death time), epidemiological (age and sex) and microbiological data were collected from the clinical history.

Results

31 patients were evaluated with a mean age of 72.8 years, 90.9% male, and a mean Charlson index of 7. The mean time from the intervention to the first symptoms was 32.7 months (4-120 months) and from the onset of symptoms to diagnosis of 4.5 weeks (1-16 weeks). The most frequent symptoms were pain (67.3%), fever (54.5%) and constitutional symptoms (45.45%). The causative microorganism was only identified in 38.7% (12) of the patients, the most frequent being: E. avium (5), K. pneumoniae (4), E. coli (1) and E. faecalis (1). The initial antibiotic treatment included a beta-lactam in 28 cases, associated with vancomycin in 12 cases and daptomycin in another 12. Maintenance treatments included rifampin (n = 9), linezolid (n = 6), and dalbavancin. (n = 3). 15 patients (48.4%) died in the first 2 years: 6 from a septic process, 6 from gastrointestinal bleeding due to aortoenteric fistula, and 5 from unrelated causes (lung neoplasia and cerebral hemorrhage). The median survival time was 18.7 months (1-60 months).

Conclusion

The identification of the causative microorganism occurred in less than 40% of cases, emphasis is required on said identification to carry out targeted treatment. Half of the patients who suffered AIE died within 2 years.

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