

中文題目：沙門氏桿菌感染性動脈瘤破裂及血管腔內主動脈修復術

英文題目：Successful treatment of salmonellosis related aortic rupture: a case report

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**Introduction:** Endovascular injury of great vessel caused by salmonellosis is a fatal disease and is one of the most important etiology of mycotic aneurysm.

We present a patient who has old pulmonary tuberculosis came to our hospital with symptom of shortness of breath, and salmonellosis related aortic rupture was diagnosed. He received emergent thoracic endovascular aortic repair.

Para-aortic hematoma evacuation and surgical decortication for empyema were done through video assisted thoracic surgery. He survived after therapies and was discharged in stable condition without any recurrence

**Case History:** This is a 74-year-old male patient with underlying conditions of old pulmonary tuberculosis, chronic obstructive pulmonary disease, type 2 diabetes mellitus, chronic kidney disease, hypertensive cardiovascular disease, dyslipidemia and reflux esophagitis. He visited our emergency department with the symptom of progressive shortness of breath for about four days. He also had productive cough and epigastric pain. Acute exacerbation of chronic obstructive pulmonary disease (COPD with AE), which was complicated with secondary bacterial infection (Fig. 1) was impressed. After admission, the patient received antibiotic therapy with Piperacillin/Tazobactam 4.5 gm Q8H intravenously. His blood culture collected on admission day yielded Salmonella, species; Group D1, and antibiotic was shifted to Cefotaxime 2 gm Q6H intravenously on day 5 for Salmonella bacteremia. The finding of computed tomography angiography (CTA) revealed a mycotic aneurysm around the descending aorta with suspected contrast extravasation (Fig. 2). We consulted a cardiovascular surgeon and an operation was indicated. Unfortunately,

before operation, his mycotic aneurysm was spontaneously ruptured two days later with unstable vital signs (Fig. 3). He received an emergent operation thoracic endovascular aortic repair (TEVAR) on the day 6 of admission (Fig. 4). On the 15<sup>th</sup> day of admission, video-assisted thoracic surgery (VATS) were done for removal the para-aortic hematoma and his empyema (Fig. 5). We initially prescribed 3<sup>rd</sup> generation cephalosporin and quinolone which were against Salmonella, but according to Acinetobacter baumannii and yeast in sputum culture, antibiotics were switched to Carbapenam, Colistin and Diflucan which were used until discharge ( total hospitalization for 50 days). He survived after therapies and was discharged with oral antibiotic for 7 days. The patient was in stable condition without any complications which was related to ruptured mycotic aneurysm after operation.