Clinical Images

Aortic Graft Infection

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Figure 1. Positron emission tomography (PET) imaging revealing intense uptake in the infrarenal aorta.

An 80-year-old man with a history of open infrarenal aortoiliac graft repair for ruptured abdominal aortic aneurysm eight years prior, presented with fever, chills and weakness. He was febrile to 102 °F. Physical examination was unremarkable. Leukocytosis with bandemia was present on admission, and blood cultures grew pansensitive *Escherichia coli*. Positron emission tomography-computed tomography (PET-CT) revealed intense fluorodeoxyglucose (FDG) uptake and wall thickening with stranding in the infrarenal abdominal aortic aneurysm (Figs. 1 and 2), consistent with infectious aortitis.

Figure 2. Computed tomography of the abdomen with significant wall thickening and associated stranding corresponding to the area of intake on PET study. The combined findings on PET-CT imaging are indicative of infectious aortitis.

Aortic graft infection is uncommon and is usually an early complication secondary to bacterial contamination during surgery; late infection is especially rare,¹ due to either bacteremia or mechanical erosion of the graft into surrounding tissues.² Associated morbidity and mortality is high.³ Preliminary studies suggest that PET-CT may be more accurate than CT alone for diagnosis of aortic graft infection.^{4,5} Treatment involves selective graft preservation with early flap coverage in combination with debridement and antibiotics.⁶ Our patient was deemed a poor surgical candidate, but responded well to a course of intravenous antibiotics, followed by lifelong oral antibiotic suppressive therapy. He has since remained without evidence of recurrent infection.

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