

**#17 INFECTED ENDOVASCULAR GRAFT SECONDARY TO COIL
EMBOLIZATION OF ENDOLEAK: THE IMPORTANCE OF
OPERATIVE STERILITY**

Jonathan L. Eliason, M.D., Raul J. Guzman, M.D.,
Marc A. Passman, M.D., and Thomas C. Naslund, M.D.

Vanderbilt Medical Center, Nashville, TN

A sixty year old male underwent endovascular repair of a 5.4 cm enlarging abdominal aortic aneurysm with intraoperative recognition of a Type I endoleak. The endoleak was demonstrated to be arising from the left limb of the bifurcated prosthesis. An intravascular stent was placed in the limb near the origin of the common iliac artery and it appeared that the endoleak had sealed. However, one month after operation a CT scan demonstrated a persistent, substantial size endoleak without aneurysm enlargement. Coil embolization of the endoleak was undertaken in the interventional radiology suite with apparent satisfactory result. Four days after embolization the patient developed abdominal pain and after eight days fever and leukocytosis developed. Two weeks after embolization an abdominal CT and Indium scan revealed an infected endovascular graft. By CT, the posterior wall of the aneurysm was destroyed and a peri-graft fluid collection with gas was present at the location of the coils. The patient was treated with graft and coil excision and autologous vein reconstruction.

Endoluminal prostheses can be contaminated at the time of operative placement. However, an additional source of endoluminal graft infection involves secondary endovascular procedures for endoleaks and other graft complications. Since we began placing endovascular grafts at our institution in 1993, most coil embolizations have been performed in the interventional radiology suite. This experience of coil induced infection causes us to consider performing this type of secondary intervention in the operating room environment.