



Dramatic Complications after an Ascending Aortic Aneurism Surgery

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Clinical Image

A 54-year-old man, who had, 6 months earlier, been suffering from phlegmon of the right forearm with sepsis, was operated on because of an ascending aortic aneurysm with aortic insufficiency.

Intraoperatively, an atresic pericardial sac was found - it most probably appeared in the course of pericarditis after sepsis. A Bent all-de Bono operation was performed. Histopathological examination of the aortic wall: Aneurysmal inflammatorium aortae. The bacteriological examination did not show any micro-organisms. On the sixth day after the operation, mediastinitis with a sternal splitting appeared and there was purulent leakage from the wound with symptoms of septic shock. Wound bacterial culture: methicillin- susceptible *S. aureus* (MSSA), methicillin- susceptible *S. epidermidis* (MSSE). A debridement was performed and flow drainage with betadine was inserted. The sternum was stitched together. Ciprofloxacin and clindamycin were used intravenously. After 5 days, exacerbation of sepsis symptoms appeared with abundant, purulent leakage from the wound with the re-divergence of the sternum, mediastinum inflammation, ascending aorta prosthesis infection and fulminant phlegmon of the chest wall (Figures A, B). Methicillin-resistant *S. epidermidis* (MRSE) was cultured from the wound. The necrotic tissues of the thoracic and mediastinal walls were surgically removed, and Vacuum Assisted Closure-Negative Pressure Wound Therapy (VAC) was applied (Figure C). Targeted antibiotic therapy: vancomycin, meropenem, cefepime, amikacin. VAC dressing was changed every 2 days. One week later, after the mediastinitis subsided, (Figure D), the sternum was stitched together. After subsequent changes of VAC and resolution of the inflammation of the integuments, split-thickness skin grafting was performed - one month after the application of the VAC dressing. The patient was discharged on the 64th day in a generally good condition, with healed wounds (Figure E).

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Figure: