

Peripheral mycotic aneurysm with *Enterococcus faecalis* bacteremia: A rare case report

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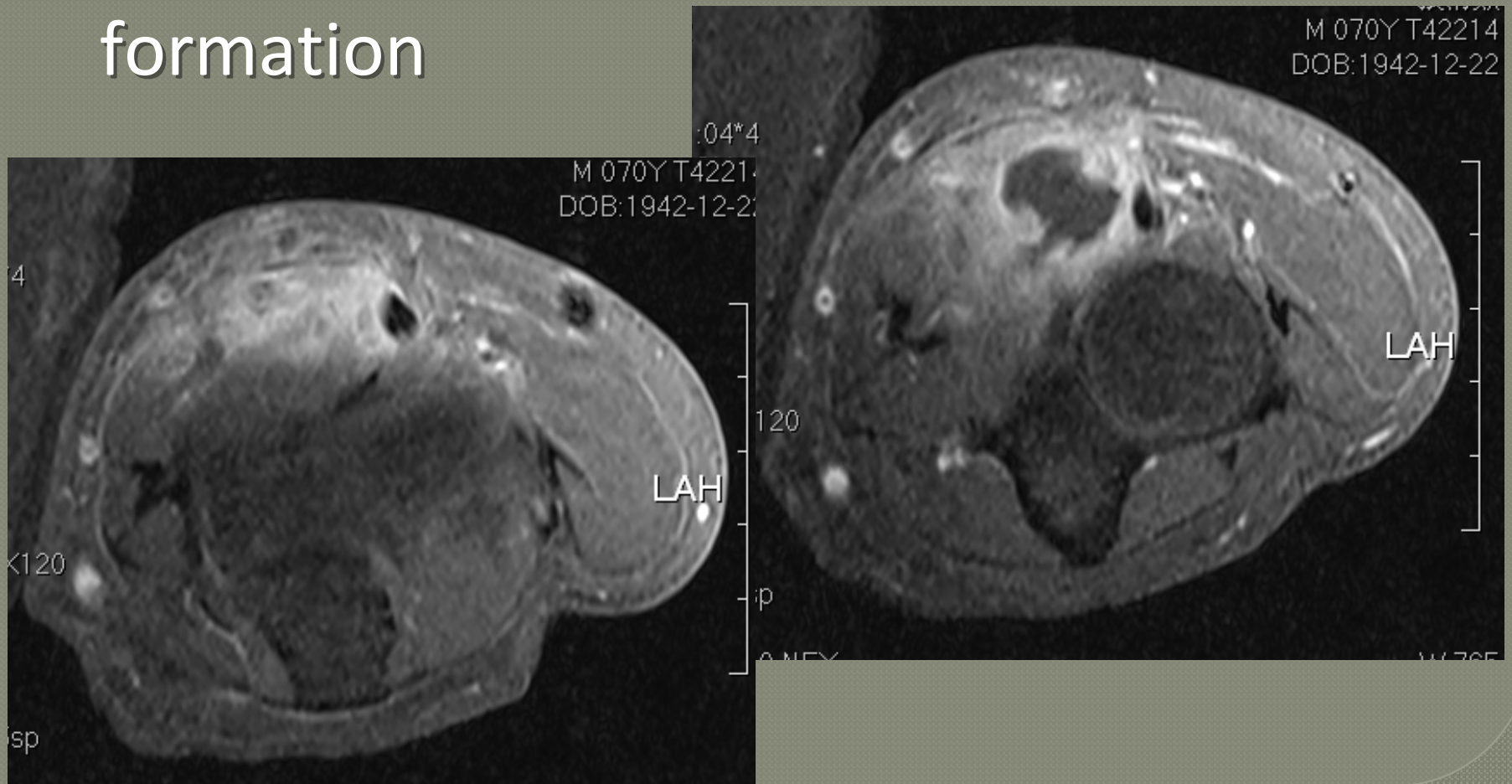
Case Report

Presented problem

- 70 year-old man
- Underlying diseases
 - Coronary artery disease received coronary bypass surgery 6 months prior to this episode
- Sent to ER for fever with acute left elbow tenderness, swelling and weakness

MRI

- MRI showed myofasciitis with abscess formation



Operation

- ❑ Abscess drainage and debridement performed in OR under general anesthesia
- ❑ Mycotic aneurysm of radial artery at elbow region with arterial-venous fistula and thrombus formation was incidentally found



Appearance of
the elbow before
operation



The abscess
accumulation at
elbow



The mycotic aneurysm of radial artery



The gap of radial artery after resection of the mycotic aneurysm



Reconstruction of radial artery with vein graft, from left lesser saphenous vein



The wound healed well post-operatively

Post-operative Course

- Fair hand circulation after the operation
- Bacterial culture of serum and necrotic tissue all yielded *Enterococcus faecalis*
- No infected endocarditis detected by echocardiogram
- No history of intravascular prosthesis placement

Post-operative Course

- Wound healed well
- Completed 6-week antibiotics treatment
- Fever and bacteremia status were subsided

Discussions & Conclusions

Discussions

- Peripheral mycotic aneurysm
 - A rare complication of infected endocarditis
 - Might be related to intravascular foreign body
 - **Rarer reported** in the literature **without** evidence of infected endocarditis or prosthesis infection

Discussions

□ *Enterococcus faecalis* peripheral mycotic aneurysm

- **Less virulence** pathogen
- Less clinically aggressive
- Mimic with myofasciitis and abscess formation
- Can cause bacteremia and become lethal if left untreated

Conclusions

- We reported a very rare case of *Enterococcus faecalis* peripheral mycotic aneurysm which was mimic with soft tissue abscess formation
- Patient can suffer from peripheral mycotic aneurysm without infected endocarditis or intravascular prosthesis placement

Conclusions

- Complete resection of the aneurysm with autologous graft reconstruction and complete antibiotics treatment can cure this disease