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Clinical Image OMICS International

Dynamic Nature of Cerebral Mycotic Aneurysms

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Clinical Image

A 53 years old female was admitted to our department in coma (GCS 5/15) after abrupt onset of headache. Plain CT scan showed left acute subdural hematoma which was emergently evacuated. The patient was assuming oral anticoagulants because of previous aortic valve replacement and aortic endoprosthesis positioning. After surgery, the patient gradually made a full recovery (GCS 15/15). During the subsequent hospital course, she developed right homonymous hemianopia followed by troubles of consciousness and septic status. Head CT scan displayed a left occipital hemorrhage. Blood cultures showed *Streptococcus equisimilis* infection and trans-oesophageal echocardiography disclosed septic involvement of endoprosthesis (Figure 1a).

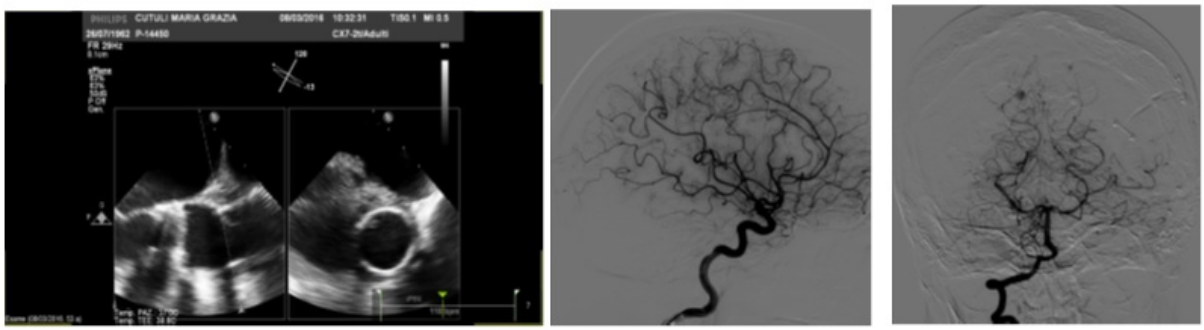

Figure 1: a) trans-oesophageal echocardiography showing endoluminal septic flap (10 mm × 1 mm), white arrow; b-c) diagnostic DSA evidencing right parieto-occipital (white arrow), right distal temporo-occipital (asterisk), and left parieto-occipital (arrowhead).

Ampicillin 2 g 6 times/day was administered. Diagnostic digital subtraction angiography (DSA) evidenced three mycotic aneurysms (Figure 1b and 1c). Ceftriaxone 2 g twice daily was added in order to maximize the chances to obtain a response to antimicrobial therapy in the central nervous system. The patient gradually recovered to GCS 15/15. At the follow-up DSA two out of three of mycotic aneurysms were not more evident. The larger and still visible one was treated with endovascular glue occlusion (Figure 2b and 2c). Follow-up trans-oesophageal echocardiography revealed disappearance of the endoluminal infectious flap (Figure 2a).

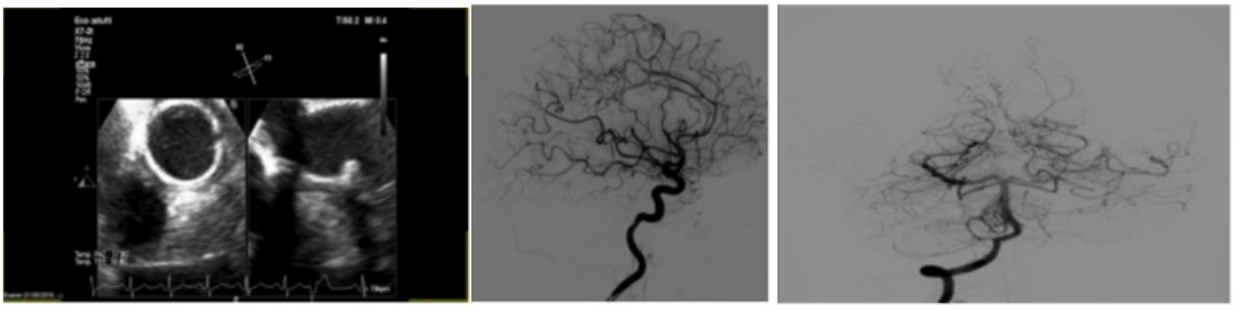

Figure 2: a) follow-up trans-oesophageal echocardiography showing complete healing of the aortic endoprosthesis; b-c) diagnostic DSA showing only persistence of the right parieto-occipital aneurysm (white arrow) and the result after its glue occlusion.

This case exemplifies both the dynamic nature of mycotic aneurysms and the strength of antimicrobial tailored therapy. The

disappearance of aneurism after DSA is mandatory to ascertain the complete recovery of the involved vessel. While aneurysm occlusion is advisable in cases of lesion patency.