

# 20<sup>th</sup> European **Cardiology** Conference

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## Micotyc pseudoaneurysm of trunk arterial tibio-peroneal as a complication of infectious endocarditis

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31-year-old woman with a diagnosis of mitral valve endocarditis and left sacroiliitis due to streptococcus viridians with intermediate CIM to Penicillin (0.25 ug/ml). In another institution, she was treated with ampicillin for 3 weeks and then with oral amoxicillin. She is admitted to our Hospital with fever and petechiae on both lower extremities. Negative blood culture tests to common germs. Transesophageal echocardiogram in anterior valve of mitral valve: 1.9 by 1.2 cm sessile image, lobulated, mobile, within left auricle, with slight mitral insufficiency. During her admission, she shows embolic phenomena in inferior extremities, without compromising peripheral pulses. Assessed by vascular cardio- surgeon, a non-surgical conduct is decided. The patient completes 4 weeks of ampicillin 12g/day plus 240mg/day gentamicin with a favorable evolution. 10 days after being released she complains of pain on left calf. A complete body bone scintigraphy is performed with T99 marked with ciprofloxacin: hyper-uptake in left leg middle third in tibia topography and clear reduction sacroiliac hyper-uptake. Left leg RMI: in the deep sector of superior third there appears a structure with lobulated contours and well-defined margins of 89 mm height and a diameter of 44 mm in the axial shaft with re-enforcement of paramagnetic contrast, with iso, hypo and hyper-uptaking areas. Inferior extremities arterial Ecodoppler: in tibio-peroneal trunk and anterior tibia artery source: a saccular, hypoechogenic and heterogeneous structure is found of 10 cm-long lobulated contours and; turbulent arterial flow with a positive Doppler signal. A pseudoaneurysm compromising tibio-peroneal trunk with peroneal and tibial posterior arteries with hypo flow was concluded. Endoluminal repair of giant sterile mycotic pseudoaneurysm of tibio-peroneal trunk was performed, with satisfactory evolution and without complications.

### Biography

Pablo Marcelo Rodenas, Summa cum laude graduate from Rosario National University (1984), Cardiologist and Sonographer, born in 1960, in Rosario, Argentina, is a full member of Rosario Cardiology Association, Vice president of Cardio Foundation, Argentina, a Cardiology staff member of Los Arroyos Hospital, and Diagnosis of Non Invasive Cardio-Images of Rosario Gamma Institute member. His professional background includes being Vice-President of the National Cardiology Residents Association (1987), President of CPR National Committee, Scholar at University Hospital Gregorio Marañón (Madrid, 1993), Head of Residents and Residents Instructor at Delta Hospital (Rosario), President of Clinical Research Committee of Rosario Gamma Group

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