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Case Report

A Rare Complication of Iliac Artery Aneurysm Repair in Patient with Behçet's Disease: Psoas Muscle Abscess †

Behçet Hastalığında İlyak Arter Anevrizmasının Tamirinin Nadir Bir Komplikasyonu: Psoas Kas Apsesi

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SUMMARY

Objectives: *Vascular involvement in Behcet's disease is rare, but may be at the forefront of the clinical picture with possible life-threatening scenarios. We present our experience with a rare complication following surgical repair of a right external iliac artery aneurysm in a patient with Behçet's disease.*

Material and Methods: *A 22-year old man was referred to our cardiovascular surgery clinic with fever and chills, right lower abdominal pain and pus drainage from the superior end of the right femoral vertical incision scar. He had a history of therapy for Behcet's disease and a surgical repair for a distal external iliac aneurysm with an 8 mm ePTFE tube graft interposition almost 3 months ago at another clinic.*

Results: *Patient was scheduled for an open drainage of pus with entry through a right lower retroperitoneal incision. Throughout surgery, the graft was observed to be intact with firm adhesion to the peripheral tissues and no sign of graft infection or hematoma. Femoral incision scar was debrided and deep cultures were withdrawn.*

Conclusion: *Although rare, patients with arterial complications should be followed with utmost concern for such clinical situations besides the widely-described and recurrent spectrum of complications.*

Keywords: *Behcet's disease, aneurysm, infection, pseudoaneurysm*

ÖZ

Amaç: *Behçet hastalığında vasküler tutulum nadir görülür ancak bazı durumlarda hayatı tehdit eden senaryolara sahip klinik resmin ön planında olabilir. Bu çalışmada behçet hastalığı olan bir hastada sağ eksternal iliyak arter anevrizmasının cerrahi onarımını takiben nadir görülen bir komplikasyonla ilgili deneyimimizi sunuyoruz.*

Gereç ve Yöntem: *22 yaşındaki erkek ateş ve titreme, sağ alt karın ağrısı ve sağ femur dikey insizyon skarının üst ucundaki püs drenajı ile kardiyovasküler cerrahi kliniğine yönlendirildi. Behçet hastalığı için tedavi öyküsü ile yaklaşık 3 ay önce başka bir klinikte 8 mm ePTFE tüp greft interpozisyonu ile distal dış ilyak anevrizma için cerrahi bir onarımı vardı.*

Bulgular: *Hastaya, sağ alt retroperitoneal insizyon yoluyla giriş ile birlikte pus açık drenajı yapılması planlandı. Ameliyat boyunca, greft enfeksiyonu ya da hematom belirtisi olmadan greftin periferik dokulara sıkıca yapıştığı anlaşıldı. Femur insizyon yara izi kırıldı ve derin kültürler alındı.*

Sonuç: *Seyreklik aralığına rağmen, arteriyel komplikasyonları olan hastalar, yaygın olarak tanımlanan ve tekrar eden komplikasyon spektrumunun yanı sıra, böyle klinik durumlar için son derece dikkatli takip edilmelidir.*

Anahtar kelimeler: *Behçet hastalığı, anevrizma, enfeksiyon, psödoanevrizma*

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INTRODUCTION

Vascular involvement in Behçet's disease (BD) is rare, but may be a major determinant in the clinical picture with a possible increase in morbidity and mortality. Surgery has been reported to yield poor results and a focal repair procedure often results in early to late complications [1,2]. In this report, we present our experience with a rare complication following surgical repair of a right external iliac artery aneurysm in a patient with Behçet's disease.

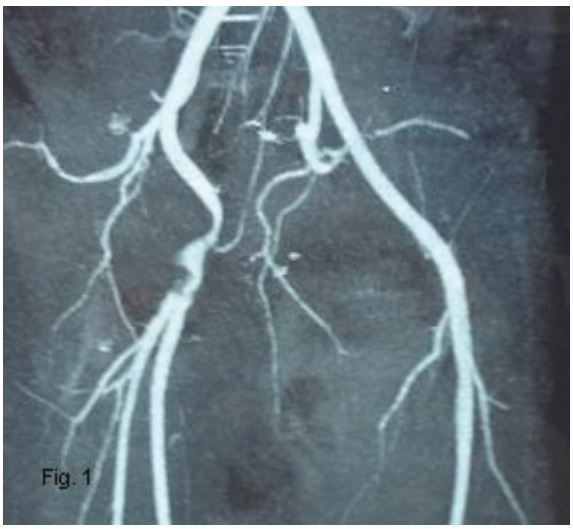

Figure 1. Partially thrombosed aneurysm of the patient prior to patient's first operation.

CASE REPORT

A 22-year old man was referred to our cardiovascular surgery clinic with fever and chills, right lower abdominal pain and pus drainage from the superior end of the right femoral vertical incision scar. He had a history of therapy for Behcet's disease and a surgical repair for a distal external iliac aneurysm (Figure 1) with an 8 mm ePTFE tube graft interposition at another clinic almost 3 months prior to admission to our clinic. On examination, he had subfebrile fever and a right lower abdominal quadrant discomfort and pain with palpable distal pulses. Contrast-enhanced CAT scan yielded a 4x4 cm multilobular mass over right psoas major muscle concordant with inflammatory tissue (Figure 2). The interposition graft was patent with no visible pseudoaneurysmal findings. Deep tissue culture from the femoral site yielded staphylococci sensitive to aminoglycosides. Blood cultures remained sterile. Patient sustained an elevated C - reactive protein (CRP) level (100 nmol/L) with persistent femoral drainage. Patient was scheduled for an open drainage of pus with entry through a right lower retroperitoneal incision. Throughout surgery, the graft was observed to be intact with firm adhesion to the peripheral

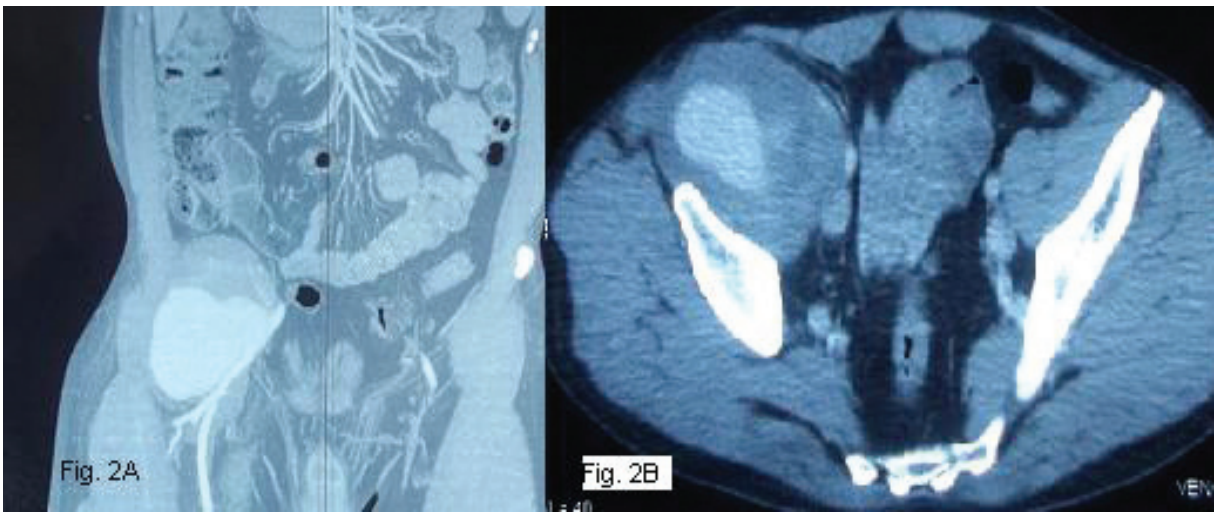

Figure 2A-B. Sagittal and axial slices of the patient yielding a 10x5 cm mass anterior to psoas muscle.

tissues and no sign of graft infection or hematoma. Femoral incision scar was debrided and deep cultures were withdrawn. Pus aspiration over the psoas muscle confirmed the initial microbiology. The patient recovered quickly from surgery with no signs of infection and a quick fall in CRP levels to normal. He was discharged on day 12 upon discontinuation of the intravenous antibiotics by the infectious diseases consult.

DISCUSSION

Although arterial involvement is a rare consequence in Behcet's disease, it is a significant clinical entity [1,2]. The poor prognosis of vasculo-Behcet's disease is often due to its not so infrequent recurrence and complications [2].

In cases with active disease, treatment with immunosuppressive agents (azathioprine, prednisolone) before and after the procedure has been suggested [3]. Furthermore routine immunosuppression has been recommended for avoidance from activation following arterial reconstructive surgery [4], Very rarely, infectious or necrotizing myositis has been reported following high-dose immunosuppression for BD [5-7]. Systemic nocardia infection with fatal complications including iliopsoas abscess and a central nervous system involvement has been demostrated [6]. Our patient revealed an isolated iliopsoas abscess without systemic manifestations pertaining to BD following high dose corticosteroids after his initial operation. Infliximab, a chimeric monoclonal antibody to tumor necrosis factor, currently used for panuveitis, pulmonary aneurysms and occlusive complications associated with BD. Kane et al reported a similar case of infectious polymyositis following the use of infliximab [7].

Our group recently reported results of endovascular repair for complicated aortic pathologies in patients with BD [8]. This limited experience led us to a new insight for vascular patients with BD as vascular complications observed are life-threatening and hard to manage despite their rarity.

CONCLUSIONS

Although rare, patients with arterial complications should be followed with utmost concern for such clinical situations besides the widely-described and recurrent spectrum of complications.

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